



THE LIGHTHOUSE

Coastal Empire Polio Survivors Association, Inc.
Shining Light on Post-Polio Health

November/December, 2013 Newsletter

www.coastalempirepoliosurvivors.org

Vol. XVI, No. 9

The President's Message...



Happy Thanksgiving, CEPSA Members and Friends! As we count our blessings at this time of year, we are thankful for our polio support group and all that it means to us. We appreciate the latest information about post-polio syndrome in our excellent newsletter, dedicated volunteer board members and chairpersons, caring

members, compassionate caregivers, generous supporters, phone calls, and cards. Wishing all the best to you and yours at Thanksgiving.

Living independently as long as we can is a major goal of polio survivors. We live in our homes and also our communities. Our October speaker James Aberson, ADA Coordinator for Chatham County, reminded us of how the Americans with Disabilities Act has helped us to be more independent outside our homes. We must remember that we have the right and the obligation to use the ADA to make our community more accessible for ourselves and others. See Wanda Clas's excellent summary of James's presentation on pages 4-5 of this newsletter.

Congratulations to our 2014 officers elected at our October general meeting. Lavonne Calandra will be our vice-president. Michael Dunnermann will wear only one hat, serving as our secretary. Terri Dunnermann will be our treasurer. I appreciate the opportunity to serve again as president. Barry Turner will join the executive board as the member-at-large. Many thanks go to those serving as our committee chairpersons in the coming year. Remember that we welcome/need members to join our committees in 2014 to maintain our momentum and success.

I want to thank all the officers and chairpersons for their outstanding service to CEPSA this year. You've helped us to grow and accomplish many goals. Special thanks go to Marty Foxx who is taking a bow after 11 years as our treasurer. Marty has been a dedicated financial officer, who has carefully handled our money and kept accurate records. Great thanks go to Wanda and Carlos Clas, co-editors of our newsletter *THE LIGHTHOUSE* for two years. The Clases have used their many talents to produce professional issues, which made CEPSA shine.

My favorite CEPSA event is coming soon. Our December holiday banquet will be one of our finest. We will be welcoming Vaneetha Rendall Demski, polio survivor and author, as our banquet speaker. Some of us read her moving polio story printed in a recent newsletter of Post-Polio Health International. Vaneetha and her sister will be coming from Raleigh, North Carolina to join us. We want to see you as well. Come celebrate with us on December 7.

Cheryl Brackin, President

What's Inside THE LIGHTHOUSE:

CEPSA Business 2-3

- General Meeting Minutes
- Upcoming Meeting Dates
- 2014 Executive Board
- Our Holiday Banquet Speaker, Vaneetha Rendall Demski
- Holiday Banquet Announcement

Articles 4-14

- October 26, 2013 Program Highlights -FYI
- City of Savannah ADA Curb Ramp Request Form
- World Polio Day sparks memories by Marcus E. Howard
- Footwear for People with Post-Polio Syndrome by Dennis J. Janisse
- Obamacare Isn't Communism, And 13 Other Questions Answered by Jeffrey Young
- Vasomotor Rhinitis - Does anyone else have this? Forum

Announcements 14-15

- Birthdays
- Member Concerns
- Prayers Needed
- Condolences
- Thank You
- Quote of the Month

Tech Tips 15

- COMPUTER KEYBOARD HOTKEY SHORTCUTS

Contributions 16

- Contributions Form

Holiday Banquet
Saturday,
December 7, 2013
12:00 PM



Next Meeting
Saturday,
January 25, 2014
10:30 AM

Coastal Empire Polio Survivors Association, Inc.

General Meeting Minutes

October 26, 2013

Location: Exchange Restaurant

President Cheryl Brackin called the meeting to order at 10:46am and then welcomed everyone. She recognized that the Pineos, Veccias, and the Stallworths were back.

Betty Goff led the Pledge of Allegiance.

Terri Dunnermann gave the inspiration, the story of "Ducks Quack & Eagles Soar."

Cheryl then introduced our guest speaker Mr. James Aberson, Chatham County ADA Coordinator.

His program topic was "Americans with Disabilities Update and How the ADA Can Help Us." He gave us information about his background and explained how he was appointed to this position. In 2004 the Department of Justice canvassed the county, and by 2006 had a long list of ADA concerns that needed corrective action. The report indicated that we needed an ADA Coordinator, and James was hired for the position. The list contained items as simple as the painting of handicap parking lines and signage to installing handicap ramps, seats and restrooms at Memorial Stadium. With the original list completed, he now works with the Savannah-Chatham Council on Disability Issues to identify areas of concern for handicap accessibility. James explained currently the biggest challenge is getting good transportation for individuals with disabilities. He stated that individuals who are blind or deaf have had particular difficulty with accommodations here, but these groups now are advocating much more for their rights. The bus system is working on special updates to help these groups. We then had question-and-answer time. We learned that buildings on the Historic Registry are exempt from the ADA. However, many are making attempts to accommodate visitors with disabilities by having video rooms like the Ships of the Sea Museum. For every 100 parking spots, there must be 4 handicap spots, and one must be van accessible. Parking places for the handicapped should be close to the entrance. However, there is a requirement that the grade of the land be less than 12 degrees, and that is why some are farther away. James can be contacted for county concerns. We need to contact Louisa Browne for concerns in the city. Updated accessibility maps were available at the end of the session. James indicated his awareness that CEPSPA developed the original accessibility map for downtown Savannah.

Business Meeting:

Approval of Minutes: Minutes from the September meeting posted in the October newsletter were approved as written.

Financial Report: The treasurer's report was given by Michael Dunnermann, in the absence of Marty Foxx. It was approved as presented. Michael was pleased to read the letter received from the Knox Foundation regarding our \$3,000 grant. Special thanks were extended to Marty, who submitted a very thorough and detailed application.

Care Team Reports: The care team leaders reported concerns about Harriet Merritt, Janet DiClaudio, Archie Ivy, and Lorraine Frew. Member Johnnie Findley of Hardeeville died October 17. Our Care Team Co-Chairs Betty Goff and Lavonne Calandra and

Care Team Leaders were recognized for their continued good work in communications to all our CEPSPA members.

Old Business:

Diane Davis reported the suggested slate of nominees for 2014 officers/member-at-large, which included Cheryl Brackin-President, Lavonne Calandra-Vice-President, Michael Dunnermann-Secretary, Terri Dunnermann-Treasurer, and Barry Turner-Member-at-Large. The slate was approved unanimously. Diane announced the 2014 chairs of the various committees. Michael Dunnermann was nominated for Event and Meeting Photographer, and he was approved unanimously. Special thanks were extended to the nominating committee of Diane, chair, along with Jim Veccia, Penny Smith, and Cheryl Brackin.

Cheryl expressed CEPSPA'S great thanks to Marty Foxx for her 11 years of outstanding service as our treasurer. Unfortunately, Marty had left early and did not hear this. Wanda and Carlos Clas, newsletter editors, were thanked for two years of excellent newsletters.

Adrienne and Terri reviewed the December banquet plans; we are to meet at noon at the Hilton Garden Inn on Abercorn on December 7th. Care team leaders need to call their people and ask them to look at the October newsletter for their meal choice and to give total number attending. The final count is needed by November 20th. Cost again will be \$10 each. We also were reminded that board members are to collect door prizes. They are to notify Terri or Adrienne about their items.

New Business/Announcements:

Cheryl reported that the *Savannah Morning News* posted an article on October 24th by Marcus Howard, our September guest reporter. The title was "World Polio Day sparks memories" and included two pictures from our meeting as members discussed Sharing our Strengths/Showing Our Solutions. Three members were interviewed and quoted about their polio experiences and dealing with post-polio syndrome. A copy of the article will be placed in our CEPSPA archives.

The meeting was adjourned at 12:38 pm.

Respectfully submitted,

Michael Dunnermann, Vice-President/Secretary

Attendance: Cheryl Brackin, Wanda & Carlos Clas, Michael & Terri Dunnermann, Marty Foxx, Lavonne Calandra, Betty Goff, Susan and Paul Pineo, Richard Graham, Sissy Morel, Jim and Gigi Veccia, Diane Davis, Adrienne and Ed Stallworth, Tom Schendorf, Dan Shehan, Esther Simmons, Della Simmons.

Upcoming Meeting Dates

HAPPY THANKSGIVING

NO Meeting in November

HOLIDAY BANQUET

December 7, 2013 @ Hilton Garden Inn
12:00 PM

GENERAL MEETING

January 25, 2014 @ Exchange Restaurant
10:30 AM



2014 Executive Board

Co-Founders

Lorraine Frew - Care Team Leader
Cheryl Brackin - Care Team Leader

Officers

Cheryl Brackin - President
Lavonne Calandra - Vice-President
Michael Dunnermann - Secretary
Terri Dunnermann - Treasurer

Committee Chairs

Cheryl Brackin - Publicity Chair & Newsletter Editor
Lavonne Calandra - Care Team Co-Chair
Diane Davis - Polio Awareness & History Chair
Terri Dunnermann - Hospitality Co-Chair,
Correspondence & Care Team Leader
Betty Goff - Care Team Co-Chair
Richard Graham - Mobility Project Co-Chair &
Care Team Leader
Brenda Mills - Care Team Leader
Adrienne Stallworth - Hospitality Co-Chair
Barry Turner - Member-at-Large
Harvey Varnadoc - New Member &
Accessibility Awareness
Jim Veccia - Website, Bylaws,
Mobility Project Co-Chair & Care Team Leader

Our Holiday Banquet Speaker



Vaneetha Rendall Demski,
Polio Survivor and Author

Vaneetha Rendall Demski is a freelance writer, and has recently finished a memoir about her childhood entitled *Learning to Walk*. Vaneetha contracted polio as an infant and spent years trying to figure out how to walk well in this world. In her career, she has worked as a consultant for Gartner Group, a Marketing Manager for Sara Lee Knit Products and an Assistant Vice President in Corporate Lending at Bank of Boston. She holds a BS in Commerce from the University of Virginia and an MBA from Stanford Graduate School of Business. She has two daughters- Katie, who just started college in the fall and Kristi, who is a sophomore in high school. Vaneetha currently lives in Raleigh where she is actively involved in her church and serves on the board of two non-profits. She has just started to blog, and can soon be found at danceintherain.com.

Mark Your Calendar



Holiday Banquet

December 7, 2013
12:00 Noon



Hilton Garden Inn
5711 Abercorn St., Savannah, GA 31405

Our Holiday Banquet speaker
will be polio survivor and author,
Vaneetha Rendall Demski.

Below is the menu for our annual Holiday Banquet. You will be receiving a call from your Care Team Leader, asking if you will be attending the banquet, your preference for your entrée, and total number attending. It is important that they receive an answer. If they leave a message, please return their call **no later than November 20**. We need to have this information so the Hilton Garden Inn can order the correct amount of each entrée and know the number attending. There will be no assigned seating, so if you are coming with several people and are planning to sit together, seating will be open to choice. Those wishing to sit together with family or friends should arrive early.

If you have recently decided to attend (after telling your Care Team Leader you would not be attending), call Lavonne (912-354-2020) to make reservations. Payments by check would be greatly appreciated. If you have committed to attend, but do not come or **cancel by November 29**, you will be responsible for the whole \$18.00 (not just the \$10.00 you would be paying) that CEPASA will have to pay for you. Thank you for your understanding in this matter.

Banquet Menu Selection

Garden Salad

Iceberg Lettuce with Cucumbers, Tomatoes and Carrots. Served with Ranch Dressing.

Plated Baked Chicken

Baked Chicken served with Rice Pilaf and Green Beans.

Plated Roasted Tilapia

Roasted Tilapia served with Tomato Caper Relish, Rice Pilaf, and Vegetable.

Plated Vegetable Lasagna

Vegetable Lasagna served with Sautéed Seasonal Vegetables.

Dessert

Chef's Choice of Assorted Pies

CEPSA dues of \$20.00 are due in January.

For your convenience,
you may add your dues to your banquet check.

October 26, 2013 Program Highlights

James Aberson, Chatham County ADA Coordinator

With over 20 years of experience as a disability advocate, our October Program speaker, James Aberson, helped us understand some of his responsibilities as the Chatham County ADA Coordinator. He is responsible for making sure all county buildings, services and programs are accessible to all persons with a disability.

His duties have included the installation of an aluminum ramp in Memorial Stadium, having handicap accessible bathrooms added where needed, and following-up to make sure that handicap parking spaces are painted correctly. James was even involved when the grade of a local tennis court was re-done to make it ADA compliant after a local citizen complained to him about the court's grading.

Although James does not have city jurisdiction, he works closely with those that do and can address some issues that are city related.

He was happy to offer his contact information for anyone who has additional questions or concerns. You can contact him at his office number, 912-652-7937, his cell phone number, 404-245-2213, or you can email him at JEAberso@Chathamcounty.org.

As part of his presentation, James answered questions and addressed concerns regarding accessibility issues from our members. The following are some of the topics he touched upon. Some items are as they appear in the ADA official website. Items that were directly presented by James or comments made by members are preceded by ***.

What is Project Civic Access?

Project Civic Access is "a wide-ranging effort (by the ADA), to ensure that counties, cities, towns, and villages comply with the ADA by eliminating physical and communication barriers that prevent people with disabilities from participating fully in community life."

How does Title II affect participation in a State or local government's programs, activities, and services?

A state or local government must eliminate any eligibility criteria for participation in programs, activities, and services that screen out or tend to screen out persons with disabilities, unless it can establish that the requirements are necessary for the provision of the service, program, or activity. The State or local government may, however, adopt legitimate safety requirements necessary for safe operation if they are based on real risks, not on stereotypes or generalizations about individuals with disabilities. Finally, a public entity must reasonably modify its policies, practices, or procedures to avoid discrimination. If the public entity can demonstrate that a particular modification would fundamentally alter the nature of its service, program, or activity, it is not required to make that modification.

***According to James, he is responsible for county owned properties, but not privately owned, such as restaurants. Restaurants still have to be ADA compliant.

Historic landmarks do not have to comply, if adding things like elevators or ramps changes the historic value of the place.

What kinds of auxiliary aids and services are required by the ADA to ensure effective communication with individuals with hearing or vision impairments?

Appropriate auxiliary aids and services may include services and devices such as qualified interpreters, assistive listening devices, notetakers, and written materials for individuals with hearing impairments; and qualified readers, taped texts, and Brailled or large print materials for individuals with vision impairments.

***James said an interpreter is especially crucial to a hearing impaired person who may be facing issues with the law and even more so during the court process. He commented on how technology allows "long distance" interpreters to be available to those that need it.

What does the term "readily achievable" mean?

It means "easily accomplishable and able to be carried out without much difficulty or expense."

What are examples of the types of modifications that would be readily achievable in most cases?

Examples include the simple ramping of a few steps, the installation of grab bars where only routine reinforcement of the wall is required, the lowering of telephones, and similar modest adjustments.

***Our members commented about issues they face that are problematic. They feel these issues might be "readily achievable" and would make their lives easier if addressed. Some of these included:

Hand-rails that are hard to reach and only available on one side on Teleride buses.

Items placed by property or store owners near handicap parking spaces and walkways.

Some states require handicap parking permits to have a photo of the person eligible to use it. Other states do not, making it easier for people to abuse the limited number of accessible parking spaces.

Must every feature of a new facility be accessible?

No, only a specified number of elements such as parking spaces and drinking fountains must be made accessible in order for a facility to be "readily accessible." Certain non-occupiable spaces such as elevator pits, elevator penthouses, and piping or equipment catwalks need not be accessible.

***Dan Shehan told us how some places (he referred to the list in the *Savannah Accessibility Guide* for examples), are limited accessible and others are accessible. The limited accessible places can still be in compliance with ADA requirements by doing things such as showing their

exhibit(s) in a video made available to the public for those that can't access the exhibit(s) or place directly.

Accessible Parking Spaces for Cars

Accessible parking spaces for cars have at least a 60-inch-wide access aisle located adjacent to the designated parking space. The access aisle is just wide enough to permit a person using a wheelchair to enter or exit the car. These parking spaces are identified with a sign and located on level ground.

Van-Accessible Parking Spaces

Van-accessible parking spaces are the same as accessible parking spaces for cars except for three features needed for vans: a wider access aisle (96") to accommodate a wheelchair lift; vertical clearance to accommodate van height at the van parking space, the adjacent access aisle, and on the vehicular route to and from the van-accessible space, and an additional sign that identifies the parking spaces as "van accessible."

***The law does not require "van only" parking spots, just van accessible.

***4 out of every 100 parking spots must be handicap accessible.

***1 out of every 4 spots must be van accessible, except for outpatient hospitals (10%).

***Federal law requires handicap accessible parking spaces to be near entrances, and the grade has to be less than 12 degrees to be a legal accessible spot.

***Churches and theaters are not exempt from ADA regulations.

For more information, please visit:

Chatham County, GA-

<http://www.chathamcounty.org/>

Savannah-Chatham Council on Disability Issues-

<http://www.savannahchathamdisability.org/About-Us.html>

ADA.gov-

http://www.ada.gov/2010_regs.htm

FYI

Identity Safe Data Destruction Day

November 16th 9am- 2pm

1321 Eisenhower Drive

Savannah, GA 31406

(912) 790-1647

You can request a curb cut where needed in Savannah by filling out a City of Savannah ADA Curb Ramp Request form and forwarding it to Louisa Browne. Please see information at the bottom of the adjacent form sample .

**City of Savannah
ADA Curb Ramp Request**

Location: Corner of _____

and _____

North South East West (Circle One)

Description: _____

Circle needed work

New ramp

Repair old ramp

Date: _____

Name: _____

Address: _____

Phone number: _____

Mail completed form to:

Louisa Browne

P. O. Box 1027

Savannah, GA 31402

or email to: lbrowne@savannahga.gov

World Polio Day sparks memories

Local survivors share their
experiences with the disease
by Marcus E. Howard

To read this story and see the photos featuring
CEPSA members, visit:

<http://savannahnow.com/news/2013-10-23/savannah-polio-survivors-share-experiences-world-polio-day>.

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

World Polio Day
sparks memories

Reprinted with permission from Susan Catron, Executive Editor,
Savannah Morning News.

Howard, Marcus E.. "World Polio Day sparks memories." *Savannah Morning News* 24 Oct. 2013: A1. Print.

Howard, Marcus E.. "Savannah Polio survivors share experiences on World Polio Day." *Savannah Morning News*, Savannahnow.com, 23 Oct. 2013. Web. 31 Oct. 2013, <<http://savannahnow.com/news/2013-10-23/savannah-polio-survivors-share-experiences-world-polio-day>>.

Footwear for People with Post-Polio Syndrome

by PPRG member Dennis J. Janisse, C.Ped.
National Pedorthic Services, Inc.

People with post-polio syndrome (PPS) tend to have problems with their feet; however, there are a lot of things that can be done with footwear to help alleviate these problems. Shoes, shoe modifications, and orthoses (also called inserts or insoles) can make a big difference in how your feet feel and how well you're able to get around.

Foot Problems

Let's first take a look at the kinds of foot conditions that are seen with PPS:

1. Pes cavus foot This refers to a foot with a high arch, which also tends to be fairly rigid. A normal foot is more flexible and can better handle the stress of walking; therefore, footwear for the pes cavus foot needs to have extra cushioning and shock absorption to make up for the rigidity.

2. Varus heel This means that the heel turns out, causing you to walk on the outside of your foot in the heel area. This causes excess pressure on your heel and up into the midfoot area because your weight is meant to be spread out over the entire heel and midfoot surface.

3. Forefoot valgus This means that the front part of the foot turns inward, so that the outside of the foot is higher off the ground than the inside. This puts extra pressure on the first metatarsal head. (What's a metatarsal head? The metatarsal is the bone that is found just below the toe joint and extends to the middle part of the foot. The metatarsal head is the rounded front section of that bone, found just below the toe. The metatarsals are numbered 1-5, with 1 being at the big toe and 5 at the little toe. The region of the metatarsal heads is sometimes referred to as the "ball" of your foot.) The combination of a varus heel and a forefoot valgus creates a kind of twisted foot that can make shoe fitting more difficult.

4. Metatarsalgia This refers to pain (suffix "-algia") in the metatarsal area.

5. Toe deformities The most common toe deformity seen in people with PPS is hammertoes. This means that instead of being straight, the toes are permanently bent, so that they sort of resemble the head of a hammer.

6. Mis-mated feet People who have had polio often have feet that are two different sizes, especially if the polio affected only one side.

7. Leg length discrepancy Having polio on only one side can also cause one leg to be shorter than the other.

8. Muscle atrophy Polio can cause the muscles to become weak and not function properly. A common manifestation of this in the foot is a condition sometimes referred to as "drop foot" where there is little muscle control in the foot and it tends to be in a position where it "drops" off at the ankle.

This can often be a cause of falling; because of the lack of muscle control in the foot it tends to drag along the ground and it becomes easy to trip and fall.

9. Loss of sensation This is fairly rare, but in more severe cases of polio there can be a loss of sensation in the feet.

10. Falling People with PPS tend to fall a lot. All of the foot problems we've talked about so far tend to make you less stable on your feet, and therefore more likely to fall, but the muscle weakness and atrophy are probably the biggest contributors to falling.

Treatment Objectives

Now that we know what kinds of foot problems are seen, let's consider what types of things we'd like to accomplish with footwear:

Accommodate rigid conditions. Extra cushioning is needed for rigid foot conditions such as pes cavus.

Control flexible conditions. The footwear should provide support and control for flexible foot conditions caused by muscle weakness or atrophy (e.g., "drop foot" discussed above).

Accommodate toe deformities. Hammertoes, because they are bent, take up more space in a shoe, so the shoe needs to be deep enough in the toe area to accommodate this.

Relieve excessive pressure. Anytime you have a foot that's not shaped quite right, areas of excessive pressure are created. As we discussed above, for PPS, these areas tend to be the outer part of the heel and midfoot and the first metatarsal, but given individual foot variations, are certainly not limited to these.

Provide shock absorption. In addition to extra cushioning needed in specific high pressure areas, it's important to have plenty of shock absorption overall to protect feet that tend to be somewhat fragile.

Prevent falling. There are a variety of things that can be done with footwear to make you more stable and help prevent falling.

Provide a good fit. We want to make sure that shoes fit properly; badly fitting shoes will only cause additional problems.

Improve gait. If the footwear does all of these things we've talked about, then ideally it will improve your ability to walk.

Types of Footwear

There are four basic types of footwear used in the treatment of PPS:

1. Shoes. Choosing the right shoe in the right size is the first step.

2. Shoe Modifications. Shoes can be modified in a variety of ways to accommodate just about any foot.

3. Orthoses. As we mentioned earlier, these are sometimes called inserts or insoles or even orthotics, but the proper term in the world of prescription footwear is orthoses

(singular is "orthosis"). These are most often custom-made from a model of your foot.

4. Custom-made shoes. Because shoes come in such a variety of shapes and sizes and can be modified in many ways, custom-made shoes are needed only in cases of severe foot deformities.

Shoes

The most common type of shoe used for people with PPS is called an in-depth shoe. It's called an in-depth shoe because it has 1/4 to 3/8-inch more depth throughout the shoe to accommodate an orthosis. A lot of today's athletic shoes can be considered in-depth shoes because they have removable insoles and therefore some extra depth. In-depth shoes also have other important characteristics that are helpful for people with foot problems, including:

Strong counter. This refers to the back part of the shoe that fits around the heel. A strong counter helps control a varus heel and provides stability for the heel area.

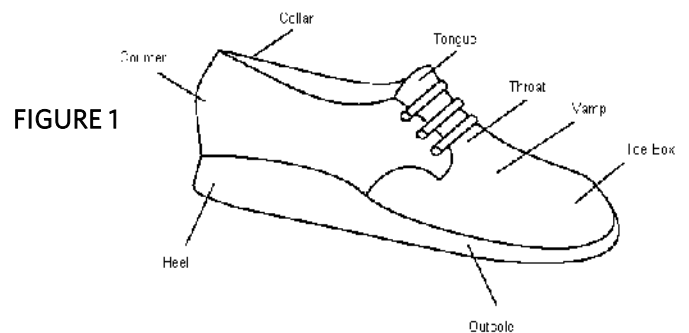


FIGURE 1

(See Figure 1 to identify the parts of a shoe.)

Deep toe box. The toe box is the front part of the shoe where your toes are. The extra depth provides plenty of room for a forefoot valgus or for hammertoes.

Shock-absorbing sole. This provides the needed shock absorption we talked about earlier.

Removable insole. Most in-depth shoes have a removable insole which can also provide shock absorption or can be replaced with a custom-made orthosis.

Wide range of sizes. Most regular shoes you can get at a shoe store come in a limited range of sizes and only one (medium) width. (This is usually a B for women and a D for men.) In-depth shoes come in a greater range of sizes and in widths from very narrow (AAA) to very wide (EEEE).

Heat moldable. Some in-depth shoes are lined with a material that allows them to be molded when heat is applied.

A word about shoe fitting - If you have foot problems, it's important that you have a pedorthist or other professional shoe fitter help you get the right fit. (We'll talk more about pedorthists below.) They can help you get the right size (length and width) and shape for your foot. And remember - shoe sizes vary by style and manufacturer. You can have your feet measured, but this only gives you a guideline for what size to start with. The right size is the one that fits your foot!

Shoe Modifications

There are a variety of shoe modifications available for PPS. Here are some of the most common:

Extensions. If you have a leg length discrepancy, an extension can be built onto the sole of the shoe to even out the leg length and help you walk better. An extension can also be built onto the heel section for a foot that is in the "dropped" condition explained above.

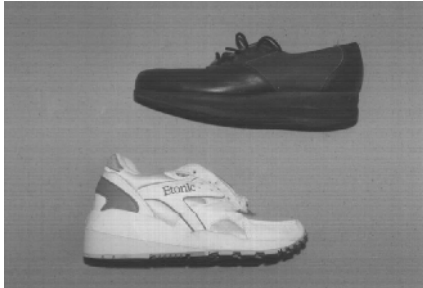


FIGURE 2

Figure 2 shows a full extension (top) and a heel-only extension (bottom).

Flares. This is when a piece of material is added onto the side of the sole to help control the varus heel. It might be added only to the heel area or it could go all the way along the side of the shoe, and will help prevent the feeling that your foot is falling off the side of the shoe. When it is built on the outside of the shoe it is called a lateral flare. A flare can also be built on the inside of the shoe for people the the opposite problem; this is called a medial flare. A flare also gives you a greater surface area that is in contact with the ground and will help you feel more stable.

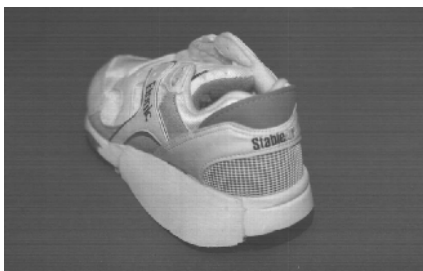


FIGURE 3

(A lateral flare is pictured in Figure 3.)

Heel wedge. This is another way to help control a varus heel. A wedge of sole material is inserted to make the sole better match the slantedness of the heel. (See Figure 4.)

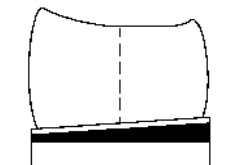


FIGURE 4

Fiberglass lateral counter. A piece of fiberglass can be added to the outside portion of the counter to further control a varus heel.

Cushion heel. A wedge of shock absorbing material can be added at the heel area to provide additional shock absorption for the heel area. (See Figure 5.)



FIGURE 5

Rocker sole. This is a specially shaped sole that helps your foot to "rock" from heel to toe during the normal course of walking. (See Leather tip. If you have one foot that tends to drag along the ground, a leather tip can be added to the toe of this shoe to help it slide better and prevent falling. (If you have this condition, it's also a good idea to stay away from athletic shoes with lots of traction because they tend to stick to the ground and get easily caught, especially on carpeting.)

Velcro closing. If tying your shoes is hard work, shoes are available with a velcro closing. If you don't like the look of a velcro closure, it is possible to modify a pair of regular tie shoes to have a velcro closing but still look like they have ties. (See Figures 6A & 6B.)

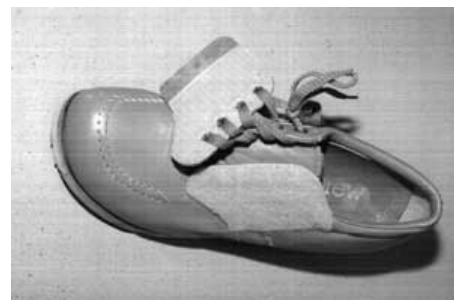


FIGURE 6A

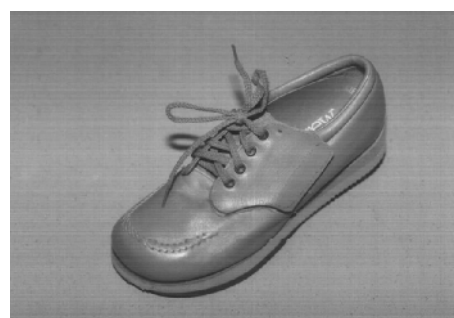


FIGURE 6B

Orthoses

Custom-made foot orthoses are made from a model of your foot, so they match up to the contours of your foot exactly. This is called "total contact" and is especially helpful for eliminating areas of excess pressure -- the total contact evens out the pressure over the entire surface of your foot. An orthosis also provides an extra layer of shock absorption and can have special materials added to further customize it.

These include: metatarsal pads to relieve pressure on the metatarsals; a soft, spongy material which can be added to specific problem areas to provide extra cushioning; firmer materials to help control varus heel and valgus forefoot; even a heel extension can be built into an orthosis. (Figure 7 shows an orthosis with a metatarsal pad added.)

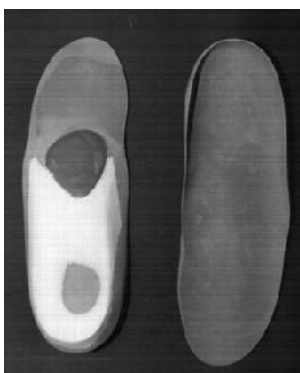


FIGURE 7

There are several places where you can get prescription footwear (sometimes still referred to as "orthopedic shoes"). These include podiatrists, orthotists, specialty shoe stores, shoemakers or shoe repair people, and pedorthists. Podiatrists tend to focus on orthoses; they don't usually have shoes or do shoe modifications. An orthotist specializes in braces, and shoe stores only offer shoes. If you can still find a shoemaker, they tend to focus more on repairs but sometimes can do modifications.

The best person to go to for the complete range of shoes, modifications and orthoses is a Board Certified Pedorthist. This person will have the initials "C.Ped." after his or her name, and this tells you that he or she has received training in the field of pedorthics, has passed a comprehensive examination, and keeps up to date on the latest developments in the field.

A pedorthist is like a pharmacist for footwear; he or she works from a physician's written prescription. A pedorthist is trained in foot anatomy, diseases affecting the foot, shoe construction, materials, modifications, and orthoses. Usually pedorthists have offices that work like doctor's offices where you make an appointment.

Your pedorthist will perform a foot examination, talk to you about your foot problems, and discuss your footwear needs. He or she doesn't diagnose problems but can often help the physician to figure out the best combination of shoes, modifications, and orthoses that you might need. Pedorthists maintain an inventory of shoes, and can special order whatever type of shoe you might need. A full-service facility will also have a lab where shoe modifications are done and orthoses are made.

Follow-up is encouraged - often there may be adjustments or modifications necessary once you have worn your footwear for a while. A pedorthist might also be able to spot a problem and make a recommendation for a correction before it becomes a serious problem. As your PPS changes, your feet and footwear needs may also change, so your pedorthist

just might become a regular member of your health care team.

The cost of prescription footwear varies depending on what you need. Most pedorthists don't charge for office calls or follow-up - the cost is built into the footwear. Prices for in-depth shoes vary from approximately \$60 for a simple athletic or walking shoe to \$200-\$250 for a heat-moldable shoe.

Custom-made shoes begin at about \$350 a pair. The cost of external shoe modifications start at about \$20 for simpler modifications such as a heel elevation, and range to \$90-\$130 for a more complicated modification such as custom rocker soles. Orthoses range from \$200 to \$450 a pair. Some insurance companies cover prescription footwear, to varying degrees, if the physician provides a written prescription.

About the Author

Dennis Janisse had polio himself and is a member of the Post-Polio Resource Group of Southeastern Wisconsin. He is President and CEO of National Pedorthic Services, Inc., a national network of full-service pedorthic facilities.

In addition to his duties at NPS, Mr. Janisse is a Clinical Assistant Professor in the Department of Physical Medicine and Rehabilitation at the Medical College of Wisconsin and the Director of Pedorthic Education for P.W. Minor & Son, Batavia, NY. He teaches pedorthics courses at Northwestern University Medical School, Ball State University School of Medicine and the Medical College of Wisconsin. He is Past President of the Pedorthic Footwear Association and an honorary member of the American Orthopaedic Foot and Ankle Society.

For More Information (This information is from original article)

National Pedorthic Services (NPS) is a full-service pedorthic facility with two locations in Milwaukee, WI: Corporate Headquarters (Milwaukee) Milwaukee - Southside

7283 W. Appleton Ave.
Milwaukee, WI 53216
Phone 414-438-1211
or 800-949-6771
FAX 414-438-1051

2745 W. Layton Ave.,
Suite 103
Milwaukee, WI 53221
Phone 414-282-8888

web site: <http://www.nps.com/>

More National Pedorthic Services, Inc., locations (See the NPS web site for more information.)

Madison, WI
Downers Grove, IL (near Chicago)
St. Louis, MO
Muncie, IN
Rochester, NY

If you live somewhere where there is no NPS facility, contact the Board for Certification in Pedorthics for a certified pedorthist in your area:

Pedorthic Footwear Association/Board for Certification in Pedorthics
9861 Broken Land Parkway, Suite 255 Columbia, MD 21046-1151
1-800-673-8446 <http://www.cped.org>
or <http://www.aboutus.org/Cped.org>

Reprinted from "Spirit," the newsletter of the Post-Polio Resource Group of SE WI ; June 1999.

http://www.pprg.org/index.php?option=com_content&view=article&id=70&catid=35&Itemid=67#foot

Obamacare Isn't Communism, And 13 Other Questions Answered



by Jeffrey Young

jeffrey.young@huffingtonpost.com

Like most Americans, you've probably heard of "Obamacare," but you're not exactly sure what it is. According to your uncle's Facebook posts, it sounds pretty scary, like maybe it's going to turn America into a Kenyan Soviet Union or something.

Well, good news: Obamacare is probably not going to do that! What a relief, huh? What other mysteries about the new health-care law can we clear up for you? Huffington Post health care reporter Jeffrey Young has 14 answers, for starters:

1. What is Obamacare, exactly?

"Obamacare" is a nickname for the Affordable Care Act, a controversial law Congress passed and President Obama signed in 2010. To the chagrin of Republican opponents, who are still trying to kill the law, the Supreme Court declared it constitutional in 2012.

Its goal is to get health insurance to more Americans, 48 million of whom currently don't have any. This includes making it easier for people who aren't insured through work to buy their own insurance.

Obamacare also ends some notorious insurance practices. Now insurers can't exclude people with pre-existing conditions, can't kick patients off their plans when they run up big medical bills, and can't set dollar limits on how much care they'll cover. The law also says consumers' out-of-pocket costs generally can't exceed \$6,350 for a single person or \$12,700 for a family in a year. If a serious illness or accident creates costs above that amount, insurance pays all the bills.

Obamacare also sets "minimum essential benefits" every insurance plan must cover, including prescription drugs and maternity care. Many plans today don't include such benefits. Health screenings and birth control are available at no cost when you get them.

2. What if the government shuts down because Republicans want to stop Obamacare?

It doesn't really matter. Ironically, the program will continue even if the federal government is technically closed for business.

3. Why is it called "Obamacare?"

Because Obama pushed for its passage. Republican opponents first started using the term as an insult, but then Obama embraced it. Now everybody calls it Obamacare. Although perhaps Obama should reconsider, as "Obamacare" doesn't poll nearly as well as "Affordable Care Act."

4. So do I need to do anything?

Probably not, if you're one of the roughly 80 percent of Americans who gets health insurance through their job or a family member's job, or is enrolled in a government program like Medicare, Medicaid, or the Children's Health Insurance Program. Congratulations, you might be done with this article.

If you're really worried about it, you should check with your employer about how your benefits might change in 2014.

And if you buy your own insurance, or if you aren't insured, then you will likely need to know and do some things.

5. OK, I buy my own insurance, what do I need to know? What do I do?

You may find that your current plan isn't available next year because it doesn't meet the new standards set by Obamacare. That's good news because you'll probably be getting better health insurance. Bad news: you may have to pay more. You'll be able to shop for a new plan on new health-insurance exchanges.

6. What's a health insurance exchange? Sounds communist!

"Exchange" is the technocratic term for the government's new health-insurance stores, which are run either by your state or the federal government. Also called "marketplaces," these web sites let you comparison-shop for various health plans. Massachusetts has had an exchange since 2006 and has the lowest uninsured rate in the U.S.

The exchanges are also the main way for people to get help paying for their coverage.

To find out what kind of policies are available, and what kind of help you're eligible to get, you'll have to give the exchange some basic personal information like your age, where you live, your income, family size and whether you smoke.

The exchanges are open to most everyone, but people who have health benefits at work or are in government programs like Medicaid are probably better off keeping what they have.

7. A government-run health-insurance market? What could possibly go wrong?? That is sarcasm, by the way.

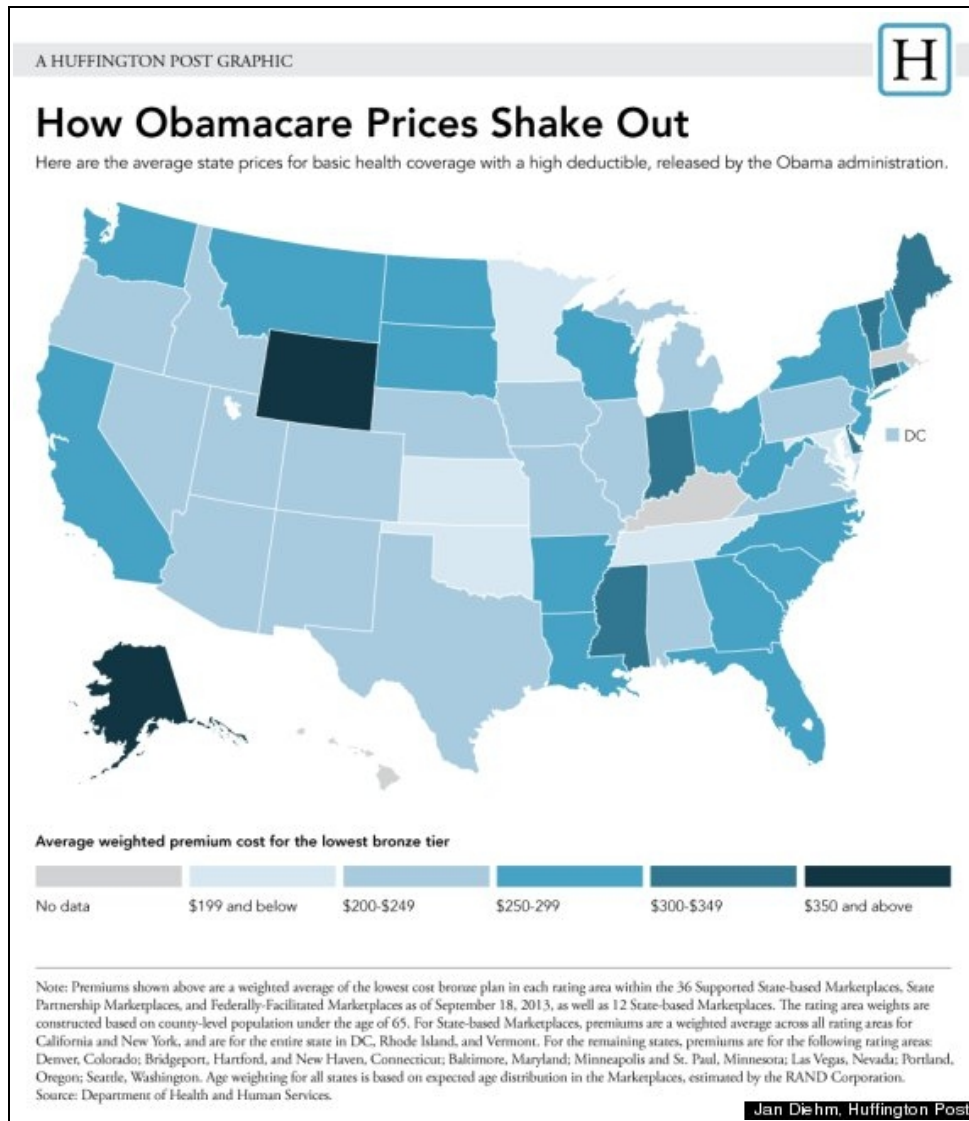
Sarcasm noted. Not shockingly, there have been glitches in the online exchanges. Officials hope to fix them between the time they open for business on Oct. 1 and Jan. 1, when coverage starts under the new plans.

8. OK, so how much will health insurance cost me under Obamacare?

Alas there's no simple answer to this question. Insurance premiums will vary a lot. The national average price for a high-deductible plan is \$249 a month, not counting

subsidies -- but coverage like that would cost \$144 in Minnesota and \$425 in Wyoming. Rates are based on age, geographic location, family size and, sometimes, tobacco use. The insurance plans will differ a lot by monthly premium and by what share of medical bills you have to pay out of pocket.

The good news is that, under the law, women can't be charged higher rates than men, as is the norm in most states now. Older people also can't be made to pay more than three times what younger people pay now. Some states currently let insurers charge older people five times more than younger consumers, or even greater.



9. So how will the government help me pay for health insurance?

It gives you tax credits, based on your income, to help cover the cost. If you take the credit in advance, the government sends money straight to your insurance company to cover some of your premium. Or you can pay the full cost and claim the credit when you file your taxes. Tax credits are available to people who earn between the federal poverty level and four times that income, or about \$11,500 to about \$46,000 for a single person.

Extra discounts are available to those who earn up to 250 percent of poverty, or \$28,725, for out-of-pocket expenses like deductibles and co-payments.

Depending on where you live, you also might qualify for Medicaid, the joint federal-state health care program for the poor, if you earn up to 133 percent of poverty, or about \$15,300 for a single person. Only about half of states are using Obamacare money to expand Medicaid, though.

10. What happens to me if I defy Obama's socialist takeover and refuse to get health insurance?

The law says nearly every legal U.S. resident must get health coverage or pay a tax penalty. This is the dreaded "individual mandate." That's to make sure fewer people have to get care at hospitals that isn't paid for or results in big debts. It's a conservative idea, believe it or not.

If you already have health insurance, you obviously don't have to worry about this. If you earn less than \$10,000 a year, you don't have to worry about this. If you can't find a health plan that costs 8 percent or less of your annual income, you don't have to worry about this. There are a handful of other exemptions to the law.

11. How much will this penalty be?

It will start out at \$95 or 1 percent of your income, whichever is higher, (unless you make less than \$10,000, in which case there's no penalty). The penalty starts rising in 2015 and 2016, ending up at \$695 or 2.5 percent of income. The IRS has more details on this fun penalty here.

This penalty will not require you to write a check: The IRS will take it out of your tax refund, if you have any. The IRS can't come after you if you don't pay it one year, but interest could build up over time. No matter what, though, you can't go to jail over it.

12. Can I keep my doctor under Obamacare?

There's nothing in Obamacare that dictates what health-care provider you see. Same as always, different insurance policies have different doctors that are "in-network" or "out-of-network." You've just got to make sure that your doctor is in the network of whatever policy you get, or expect to pay more to visit her.

Be warned, though: Many of the health plans sold in Obamacare exchanges will have fewer choices of providers than those typically offered by employers. This is the downside of keeping costs low -- although for many people without insurance, their provider choice is limited to the emergency room. Exchanges have been trying to broaden their lists of providers ahead of enrollment.

13. Who can help me learn more and sign up?

Obamacare exchanges have telephone hotlines available to walk you through the application process. HealthCare.gov is the federal government's main website for information and enrollment, and includes links to the state-run exchanges and to local groups offering help. The federal hotline is (800) 318-2596. State-run exchanges have their own.

If this sounds too daunting to do alone, there are also Obamacare sherpas, known as "navigators," "in-person assistants" or "certified application counselors". Private organizations like Enroll America can also help. Insurance agents and brokers will be happy to take your business, too.

State health agencies and Medicaid offices also may be providing help, as will community health centers that mainly serve low-income and uninsured patients. Information about what to do and where to find help will be distributed from a variety of sources, including community organizations, churches, charities, pharmacies, hospitals, doctors' offices and public libraries. The availability of help will vary greatly from state to state: Some states have resisted Obamacare's implementation because of political opposition from Republican governors and lawmakers.

14. Are there any deadlines I should know about?

Open enrollment for insurance plans for 2014 begins Oct. 1 and runs through March 31. If you want a health insurance policy that's in place on New Year's Day, you have to make a choice by Dec. 15. After then, you have to wait a few weeks between picking a plan and using it. To avoid paying any tax penalties for not being covered, consumers should pick a plan by Feb. 15. Next year, you'll have less time because enrollment for 2015 health plans runs from Oct. 15 through Dec. 7 in 2014.

Reprinted with permission from Jeffrey Young, Health Care Reporter, *The Huffington Post*.

Young, Jeffrey. "Obamacare Isn't Communism, And 13 Other Questions Answered." *The Huffington Post*, HUFF POST BUSINESS, 30 Sep. 2013. Web. 31 Oct. 2013.

http://www.huffingtonpost.com/2013/09/30/obamacare-questions-answers_n_3977534.html?icid=main-grid%7Chtmlws-main-bb%7Cdl10%7Csec3_Ink1%26plid%3D383886.

Vasomotor Rhinitis - Does anyone else have this?



Q. *One of the several odd conditions I've had all my life is a constant runny nose. Several doctors have claimed this was due to allergies or inflammation or whatever and attempted to "cure" it, but it's never worked.*

Then, about 3 years ago, when I was consulting a doc at Mayo about either my cholesterol or my kidney stones (I don't remember which, and I was seeing both docs about the same time) I saw a notation on my chart of "vasomotor rhinitis" and I looked it up. It is precisely what I have, a sort of congenital runny nose, which gets better or worse with the weather.

Anyway, I've come to assume that this condition is part of the "syndrome" I was blessed with by polio, but I've never seen it mentioned anywhere.

So does anyone else have this wonderful condition?

Posted by Dan H. on February 2, 2012

A. *Strangely I DO tend to have a runny nose, but never for one minute thought it was anything to do with my polio!*

Reply by Helen B. on February 3, 2012

A. *No I have not as yet heard of that symptom being related to post-polio. I just turned 56 and had Type 1 Polio in October 1959 affecting me severely from the waist down. I always thought every specialist and physicians knew everything there was about post-polio. I got a rude awakening just in the past 10 months.....NO they do not know everything there is to know about it. I feel strongly it is now our jobs to self-educate ourselves about post-polio, from our own symptoms and by reading reliable studies such as what I have learned from Dr. Richard Bruno's book, "The Polio Paradox" which for me, has been an eye opener! I would have to recommend this book for anyone affected by the polio virus or think they were affected by it. Actually I never felt right about the term, Post-Polio Syndrome and personally prefer the term Dr. Bruno uses in his book, Post-Polio Sequelae which means "the sequel" to the Polio Virus. I do know my mother who is in a nursing home has had this condition you have described. For her it has been chronic for years and she is given a nose spray but hers is unrelated to polio. I hope your doctors have come up with a med to help relieve your condition.*

Reply by James E.D. On February 4, 2012

A. *Yeah, I finally got my doc to prescribe some Atrovent nasal spray for the condition. It's far from perfect, but it makes it more manageable. I've used OTC nasal sprays in the past, but you can only use those for 2-3 days at a stretch*

before "rebound" becomes a problem.

Re docs and understanding all this, I recently saw a endocrinologist in an attempt to bring my cholesterol under control (since I can't tolerate statins and most other cholesterol meds). When I explained to her (she's maybe 35) that I'd had polio at age 2 she asked "Didn't you get the vaccine?"

Reply by Dan H. on February 5, 2012

A. Me too , I,ve always had a runny nose , I was the only kid that had to use a handkerchief or tissues .

Reply by Henry B. on February 5, 2012

A. I have a runny nose to some degree but I like some others have never thought it had anything to do with PPS. My mom tends to have the same problem so I just felt it might be a genetic thing....PPS is certainly not a fun thing and a lot of things have developed and most are the result of PPS..I started with breathing problems a few years ago and man it is really hard to deal with.

Reply by Beverly M. on June 17, 2012

Reprinted with permission from Anna-Marie Rooney, Chief Communications Officer, Salk Institute for Biological Studies.

Forum. "Vasomotor Rhinitis -- Does anyone else have this?."POLIOTODAY.ORG, SALK INSTITUTE FOR BIOLOGICAL STUDIES, 02 Feb. 2012, <<http://poliotoday.ning.com/forum/topics/vasomotor-rhinitis-does-anyone-else-have-this>>.

Happy Birthday



December

Diane Falgiani - 2
Sally Luck - 15
Alan Page - 17
Betty Goff - 22
Diane Davis - 27

November

Deno Caloudas - 1
Charlotte Richter - 4
Ann Chance - 11
Pixi Winters - 12
Deloris Manor - 21
Judy Frick - 23
Hilda Fields - 25
Beverly Polin - 25
Velma Underwood - 26

January

Gigi Veccia - 5
Fran Todd - 9
Lorraine Frew - 10
Brenda Mills - 10
Penny Smith - 10
Harriett Merritt - 14
Linda Graham - 15

Member Concerns

Sandra Bath's sister Cheryl, Janet DiClaudio, Lorraine Frew, Archie Ivy, Marge Lampke, Lyn Meeks, Dale Merritt, Harriett Merritt, Brenda Mills, Dot Parhurst & Ellen Luck Rogers (daughter of Sally & Ed Luck).

Please keep these members in your prayers.

Prayers Needed



Please continue to keep Janet DiClaudio in your prayers. She needs our prayers more than ever since being moved back to Statesboro on October 24.

Condolences



Our condolences to Lorraine Frew and her family. Our thoughts and prayers are with them.

Betty Frew, sister-in-law of Lorraine Frew, died October 9 in Massachusetts at the age of 84 years. Lorraine flew there for the visitation and funeral service. She had been back in Savannah only about two weeks following a trip to Massachusetts to see her family. Blessedly, Lorraine had visited Betty while there.

Cheryl

From an e-mail from Cheryl Brackin to Wanda Clas, 29 Oct., 2013

My uncle Raimundo S. Gutierrez passed away on October 24, 2013. He had suffered a stroke about 2 years ago and never recovered fully. Our family will miss him dearly. Thank you for all your kind messages and especially your prayers.

Wanda Clas

In Memory of

Johnnie Bell Tapley Findley

April 2, 1936 - October 17, 2013



Johnnie Findley, long-time CEPSA member, died October 17 at Hospice Savannah. Her sister Frances Floyd called to share the news. Johnnie, born and raised in Hazlehurst, Georgia, was the oldest of 10 children. She had polio at age 5 years. Johnnie attended Armstrong State College (now Armstrong Atlantic State University) in Savannah two years and also business school in Macon. She worked as an accountant in Brunswick. Johnnie moved to Hardeeville, South Carolina 30 years ago, where she worked for the Senior Citizens program until health issues resulted in her retirement. Frances thinks Johnnie's post-polio syndrome problems began when she was 66 or 67. Her condition worsened, and she no longer could stand on her right leg, even to transfer. Johnnie had used a wheelchair for several years. She was the mother of three children and three grandchildren. Frances said Johnnie's grandchildren faithfully took care of her prior to her death. We are sorry she was unable to attend our meetings. CEPSA members offer sincere condolences to Johnnie's large family and her friends.

Cheryl

From an e-mail from Cheryl Brackin to Wanda Clas, 29 Oct., 2013

Thank You

Thank you to the Knox Foundation and Grants Officer, Elizabeth Knox Hopkins for their generous donation and lovely accompanying letter. Their donation will help CEPSA to continue its mission to *inform, assist, support and counsel* polio survivors, their families and friends as well as doctors, nurses, therapists and other medical professionals.

Dear Ms. Brackin,

As we approach the final months of 2013, I am touched and amazed at the level of service and dedication found in so many agencies and organizations in Georgia. To that end, I am pleased to enclose a check for \$3000 to the Coastal Empire Polio Survivors Association for the purpose of general operating expenses and special projects.

Thank you for your thorough and detailed application, and for observing the deadlines for submission.

I wish you every success in your endeavors, and will be following up on your progress over the coming months.

With Regards,

Elizabeth Knox Hopkins
Grants Officer

From an e-mail from Marty Foxx to the CEPSA Executive Board, 24 Oct., 2013

Thank you to Jim Veccia for generously donating his personal hotel points towards hotel accommodations for our Holiday Banquet speaker and her guest. CEPSA members really appreciate his donation.

Jim was also thanked and acknowledged at the October general meeting for forwarding an article to CEPSA members about polio in Africa. This article caught the attention of and prompted members of Adrienne and Ed Stallworth's church to have polio booster vaccines before their mission trip to Africa. Jim's dedicated sharing of information went far beyond CEPSA members, helping to fulfill the CEPSA purpose.

Quote of the Month



*"May your stuffing be tasty
May your turkey be plump,
May your potatoes and gravy
Have nary a lump.
May your yams be delicious
And your pies take the prize,
And may your Thanksgiving dinner
Stay off your thighs!"
-Anonymous*

The articles, seminars, thoughts, ideas and suggestions mentioned in this newsletter are provided as a public service and do not express or imply endorsement by CEPSA, CEPSA's THE LIGHTHOUSE or its editors. They are for your information only. Consult with your doctor or health care provider before beginning any new medication, product or program. CEPSA, CEPSA's THE LIGHTHOUSE and its editors do not assume any responsibility for an individual's actions.

COMPUTER KEYBOARD HOTKEY SHORTCUTS

A keyboard shortcut is a key or set of keys that performs a predefined function and may save you time and energy.

Ctrl + F	Opens the Find or Search box.
Ctrl + A	Select all text or the entire document.
Ctrl + X	Cut selected text or item.
Ctrl + C	Copy selected text or item.
Ctrl + V	Pastes copied or cut text or item.
Ctrl + P	Print the current page or document.
Ctrl + N	Opens New File, Tab, Entry, etc.
Ctrl + O	Open file window.
Ctrl + Z	Undoes the previous action.
Ctrl + Y	Redoes the previous action.
Ctrl + S	Opens save file window.
Home	Goes to beginning of current line.
Ctrl + Home	Goes to beginning of document.
End	Goes to end of current line.
Ctrl + End	Goes to end of document.
Shift + Home	Highlights from current position to beginning of line.
Shift + End	Highlights from current position to end of line.
Shift + Left arrow	Highlight one character to the left.
Shift + Right arrow	Highlight one character to the right.
Shift + Up	Highlight from current cursor position, to one line up.
Shift + Down	Highlight from current cursor position, to one line.
F1	Displays help.
F2	Allows you to rename a <u>selected</u> item.
Ctrl + Left arrow	Moves one word to the left at a time.
Ctrl + Right arrow	Moves one word to the right at a time.
Ctrl + (plus sign)	Increases font size on a web page.
Ctrl - (minus sign)	Decreases font size on a web page.
Ctrl + 0 [zero]	Returns font to original size.
Windows Key	Displays the Start Key menu.

TIP- If you are enlarging or reducing a photo, clip art, text box or image, **hold down the shift key while** you enlarge or reduce the item so that you don't distort the item.

FYI- GREAT website for HOW-TO computer and iPhone tips and tutorial videos for seniors:

<http://goldenyearsgeek.com/>



Coastal Empire Polio Survivors Assoc., Inc.
 23 East 61st Street, Savannah, GA 31405
 GA (912) 355-1221 • SC (843) 837-1230
 E-mail: CEPSA05@msn.com
 www.coastalempirepoliosurvivors.org

Shining Light on Post-Polio Health

HOLIDAY BANQUET

Saturday,
 December 7, 2013
 12:00 PM



Hilton Garden Inn
 5711 Abercorn Street
 Savannah, GA 31405

CEPSA's next meeting is on
 Saturday,
 January 25, 2014
 10:30 AM
 at The Exchange on Waters
 6710 Waters Avenue
 Savannah, GA 31406

CONTRIBUTIONS

The Coastal Empire Polio Survivors Association is a non-profit corporation, which is tax exempt under IRS code 501c(3). We have no paid employees, only volunteers dedicated to helping all polio survivors. Your financial support is appreciated at any level suggested below:

- * CEPSA Member - \$20.00 annual voluntary donation
- * CEPSA Supporter - \$25.00 \$50.00 \$100.00 \$300.00 Other
- * CEPSA Memorial or Honor Gift - any amount
- * CEPSA Sponsor - any amount

Your contributions are tax deductible and will be acknowledged appropriately.

Please complete this form and mail it along with your check to: **CEPSA, Marty Foxx**
 23 East 61st Street, Savannah, GA 31405.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Are you a relative or friend of a CEPSA member? _____

Name of member

Thank you for your support and encouragement.