

Oops! Don't Lose Your Footing!!

(Your feet are your foundation)

Featuring Dr. Bruce D. Wolosky, DPM, and Guiseppi Lombardo of Lombardo Shoes

Steve McMahan of the North Central Florida Post-Polio Support Group introduced Dr. Wolosky and Mr. Lombardo. Steve explained how important taking care of our feet can be to polio survivors and that Dr. Wolosky is an excellent doctor who likes what he does. He also told us that Mr. Lombardo, a third generation shoe maker who learned his trade at the elbow of his father and grandfather, went on to a formal education in orthotics.

The first part of our March program for the NCFPPSG was presented by Dr. Bruce D. Wolosky, DPM, foot specialist. Dr. Wolosky departed from his past talks that focused strictly on the feet to offer us an overview of the history of poliomyelitis or infantile paralysis. The Good Doctor proved not only to be very knowledgeable in polio, he taught us a few new points, too!

Dr. Wolosky started by explaining how all of us can have problems with our feet such as bunions and hammer toes, but he decided to tell us about why we were sitting in the seats that we're in, or, what polio really is. Dr. Wolosky stated that for him, polio is a fascinating disease, but unfortunately, for us it is also horrifying. He told us, however, that if we are sitting in our seats, we are the lucky ones.

The disease is called Poliomyelitis or Infantile Paralysis. Some of us contracted it as infants, some as children and others as adults.

Poliomyelitis comes from three Greek root words: "Polio" meaning "grey", referring to the grey matter in our neurons; "Myelon" means "spinal cord", and "It is" means "inflammation".

It is an infectious viral disease and 90 percent of the people contracting polio had minor or no symptoms at all. Sometimes they felt that they had a cold or "achiness" or flu. Only about 1 percent actually had the disease enter the nervous system. The disease attacks motor neurons which control our speech, swallowing, respiration and, obviously, the lower extremities.

There are three types of polio; spinal, bulbar and a spinal/bulbar combination. Most of the people contracting the combination are not here due to having been in iron lungs and usually dying of respiratory failure. Spinal polio involves an asymmetrical paralysis of the lower extremities and most often involves the legs. When the virus enters the nervous system, it kills the nerves and they become non-functional from that point on. Bulbar polio leads to weakness of the muscles enervated by the cranial nerves. Bulbar polio is in a part of the brain that affects breathing and the respiratory system. Bulbar/spinal polio is a combination of the two. This usually involves contractions and atrophy of the lower legs. One leg, quite often, may become smaller than the other.

Major epidemics of polio were actually very rare before the 19th century. After the 19th century, polio became the most hated, dreaded disease of the 20th century. People with polio had to face isolation from others because you didn't feel the effects of polio for seven to ten days after contracting it. It is usually contracted orally or through fecal

matter. This could occur from changing a diaper containing the poliovirus. It could spread to many people within seven to ten days. It is a sad finding, that in Dr. Wolosy's research, one baby with polio could infect 400 people within three years.

Polio existed for thousands of years. A depiction of it first occurred in stone carvings 6,000 years ago in ancient Egypt. In 1559, painter Peter Briegel portrayed a crippled beggar with polio in a painting. In 1789, Dr. Michael Underwood gave the first known clinical description of the poliovirus. Polio continued killing and paralyzing people causing Franklin Delano Roosevelt to offer funding of \$250,000 in 1938 and to set up a facility in Warm Springs, Georgia to treat the disease. In 1940 Sister Kenny, an Australian nurse, came to the United States and promoted the use of hot compresses in treating Polio.

From 1947 to 1950, Dr. Jonas Salk was recruited from the University of Pennsylvania to develop a virus research program. He used a tissue culture method to grow the virus and created a "killed" virus method to finally treat and prevent Polio through injection of the vaccine. Subsequently, Dr. Sabine developed a "live" oral treatment for the virus.

A simple description of what Post Polio Syndrome is would be "things that happen to people who once had polio." The cause is over-use and abuse of the muscles that "took over" from the muscles destroyed by the original poliovirus through the destruction of motor neurons. The most common symptoms of PPS are excessive fatigue, joint and muscle pain, breathing difficulties, and intolerance to cold resulting in muscle weakness and burning pain.

The only treatment available for PPS is physical therapy and mild exercise. Dr. Wolosky answered questions from our group. He told us that he can repair Aquinas foot and he treats PPS patients with foot problems with muscle training as well as muscle reconditioning. Dr. Wolosky explained that he can do surgery to correct arches and hammer toes as well as other common foot problems. However, these are not problems that only affect people with post polio syndrome. He then segued into discussing support devices and bracing and good shoes, which led us to the second half of our program.

For the second part of the March program, Steve introduced Guiseppi Lombardo of Lombardo Shoes. Mr. Lombardo brought several examples of the shoes that are available for those of us who have foot problems and for those who wear special appliances or prosthetics. As we said earlier, Mr. Lombardo is a third generation shoemaker and he became aware of the problems for polio survivors at the 1996 Boston Symposium on Orthotics.

At Lombardo Shoes they do a lot of lifts and wedges and offer special shoes for people with post polio syndrome as well as diabetes and other foot problems.

Mr. Lombardo said that people are living longer and new solutions are becoming necessary to solving walking problems. Scientists are working on a suit for people who have paralysis so that they can move. Bill Gates has donated \$250 million dollars and received \$630 million dollars in pledges to support post polio syndrome research.

Mr. Lombardo builds shoes to fit. But he claims "nothing is perfect". Tell that to all the people he has helped. He has even shaped sandals to fit with braces. Custom footwear can help you walk as best you can. Craftsmen can create shoes with extra depths and

rigidness. They can create shoes that "rock" to help with ridged ankles. There are gel inserts for boney feet to help absorb shocks. Holes can be drilled in shoes to support feet with nodules containing fluid. Lombardo's has shoes with soft tops and sides, yet have supportive soles for people with bunions that stick out. A shoe that holds your foot is better than one that has no support and is too loose. They have shoes with leather tips to prevent tripping, the shoe will slide instead of catching. Lombardo's can mold shoes to fit and they use x-rays to measure your feet and see how you walk. If shoes are too thick you can have a problem driving. Shoes can be built up to even leg length. There are different scenarios, however, technology can help build shoes that support your feet so that you can walk. Mr. Lombardo reminded us that laughing and stretching is good, too!

Lombardo's Shoes sells shoehorns that can help people reach the shoes they otherwise no longer could reach. They have a model that has a mirror on it for those people with diabetes so that they can check the bottom of their feet. They also have diabetic socks that are antibacterial. They do excellent shoe repair, and for those who do not have foot problems, they have a selection of very attractive shoes.

We thank Dr. Wolosky and Mr. Lombardo for sharing their knowledge and expertise. The program was both informative and fun and we look forward to our continued association with them.

Summarized by Sharon Daszczyński