On the topic of Prescription Drug Prices  (8/9/2017)
Dr. Bruno’s Original Post: Here’s a Prescription Reminder... GoodRx
I'm getting e-mails from polio survivors who have had their Medicare Part D plans significantly raise the price for some generic drugs and from others who need to pay less for meds.
Just because you have an Rx on file with a Medicare Part D plan doesn't mean that you must let the plan fill it. You can get another Rx from your physician and go to a cheaper pharmacy.
Check GoodRx, as well as Walmart, Target and your local supermarket pharmacy to look for lower prices. You'll be surprised at the difference!

On the topic of Trauma or Illness Preceeding PPS  (8/9/2017)
Dr. Bruno’s Original Post: About once a month, I get a call from an attorney somewhere in these litigious United States. I am asked to be the expert witness for a polio survivor who's been rear-ended in their car, hit by a bus, taken a header down some stairs or simply slipped and fell. Regardless of the type of accident, the lawyer always asks the same question:
Can a traumatic event trigger Post-Polio Sequelae, the new and sometimes disabling muscle weakness, fatigue, pain and respiratory problems that occur is as many as 77% of polo survivors? And regardless of the type of accident, my answer is always the same: Yes and no. PPS is not a disease that is just waiting inside polio survivors for a trigger to set it loose to wreak havoc throughout the body. So trauma can't trigger a disease that is not there.
This widely read article: Trauma and Illness as Precipitants of Post-Polio Sequelae is available in its entirety in the Encyclopedia of Polio and PPS, in the Articles Section. See the topic: “Psychology”

On the topic of Bone Density Studies  (8/21/2017)
Original Post: Should I get the same hip side done with each repeat study? Will it show different results between my partially paralyzed Polio side vs my “unaffected” leg?
Dr. Bruno’s response: The more affected side (leg, hip, wrist) having less muscle will have lower bone density because the muscle doesn't pull on the bone or there is less weight bearing exercise on that limb. If you have to choose, pick the more affected side for the bone density study. If you have osteoporosis with a high probability of fracture, compared to the side effects from meds, it’s probably a good idea to be treated. Talk to your doctor.

On the topic of Exercise  (8/23/2017)
Original Post: I went for my annual health checkup today and apart from my weight everything is ok. Both the nurse and my physician were asking me if I could up my exercise a wee bit more. What should I attempt to do? I can change the resistance as much as I want on my exercise bike. My concern is that I don’t overdo it. I am fully mobile and walk with a stick.
Dr. Bruno’s Response: Based on our years of research at the Post-Polio Institute, I cannot recommend exercise in any form that stresses already damaged motor neurons. Certainly increasing the resistance on your bike could be damaging. If you're doing exercise now that does not cause you symptoms and you've been doing the exercise in this way for a long time, then you should listen to your body.
If you do something and you know it's harming you, stop doing it!
On the topic of Physical Activities (Exercise) and PPS Symptoms (8/2017)

Original Post: I had a sudden and dramatic drop in function in a short period of 3-4 months (during which I did not pace myself and allowed myself to get very overtired). The symptoms are typical of PPS (fatigue etc), which I had mildly before, but the neurologists say there’s been no drop in nerve function, so it’s not PPS.

Dr. Bruno’s Response: Whatever the neurologists mean by "no drop in nerve function" (whether measured by an EMG or not) is NOT a predictor of PPS symptoms. But, 3-4 months of not pacing yourself and getting very overtired IS a predictor of fatigue and muscle weakness!

To identify when you're not pacing yourself and you're getting overtired, fatigued and weaker, here is the polio survivors Daily Log. It is a pain to do, I know. However, at The Post-Polio Institute we found it to be the single most effective tool for polio survivors to uncover the relationship between activities and symptoms. For example, the logs uncovered “The 3-Day Lag” for PPS symptoms: You shop till you drop on Monday, feel just fine Tuesday and then can't get out of bed on Wednesday. After more than 40 years, I still don't know why that happens, but we never would have known about the “lag” without the logs.

One part of the log is measuring your steps with a pedometer or even your smart phone. After compiling data from more than 500 Post-Polio Institute patient logs, we found that 1,500 was the average number of steps that would not cause symptoms. Your number may be higher or lower depending on your activities, abilities and symptoms. But it’s only through the log that you’ll know how many steps is your limit.

Additional Post: The daily log certainly helped me learn how to manage my PPS. Prior to treatment The Post-Polio Institute, I had been losing 8 to 10 percent of the muscle strength in my legs and arms every year. I haven’t had any muscle strength loss in 5 years by using the log to listen to my body and watch my steps. The Post-Polio Institute program taught me that I can lead a productive life and manage my PPS.

The log is available for easy printing, under the topic: Fatigue in the Articles section of the Encyclopedia of Polio and PPS.

Additional Bruno “Bytes” are available for you to download and share: http://www.papolionetwork.org/bruno-bytes.html