

The Polio Perspective

March 2013

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Dr. Henry writes about "Henry's Helpful Hints for Living with Post-Polio Syndrome"

When I was three years old, my mother became a victim of Schizophrenia. She never recovered. When I was eleven years old, I had paralytic polio. I partially recovered. These two life events were major factors in guiding my life toward a career as a physician and a psychiatrist. For at least the last decade, I have struggled with Post-Polio Syndrome (PPS). Most of you are quite familiar with all of the manifestations of that struggle. For almost six years, I have had the privilege of being the president of the Central Virginia Post-Polio Support Group, a marvelous group. As a result, I have had the pleasure and challenge to communicate with hundreds of PPSers around the world. I think I have learned a lot about PPS and the people who are living with this life changing disorder. In this article, I will attempt to share what I am calling Helpful Hints for Living with Post-Polio Syndrome. Many of these hints are similar to what is now called "mind - body" medicine. Many of them are replicated in other lists and articles. I offer these hints for your review, reflection, and response. This list represents only my opinion and is not to be interpreted as anything more than that.

1 **Sleep:** Adequate, restful sleep is a major asset in living with PPS. Successfully living with PPS usually requires more sleep than before the onset of PPS. The amount of sleep may range from 8 to 12 hours. This may be all nighttime sleep or could be a combination of nighttime sleep plus an afternoon nap. Many symptoms of PPS can interrupt the attainment of this level of sleep. Problems with pain, hypoventilation due to weakened respiratory muscles, sleep apnea, anxiety, panic attacks, and depression are common sleep disturbers. Any of these disturbers need to be evaluated and treated before sleep hygiene can be improved.

2 **Pain:** Pain and PPS are like partners of misery. Every effort should be made to eliminate or reduce pain without resorting to narcotic analgesics. A variety of pain management approaches may be tried. This might include over the counter preparations such as Tylenol, Ibuprofen, aspirin, and other non-steroidal anti-inflammatory medications. Non habit forming prescription medications may help pain and sleep problems. Low doses of the tricyclic antidepressants and/or the selective serotonin reuptake inhibitors may help to reduce the daily pain level and improve

sleep. If one has made a genuine effort at managing pain by reduced activity, more rest, and the use of assistive devices, then the use of narcotic analgesics would be more appropriate. Other pain management approaches might include moist heat as obtained in a heated pool, gentle massage, magnet applications, and even acupuncture. Heated pools should not exceed 92 degrees F. Massage should not be aggressive, and a trained professional should administer acupuncture.

3 **Fatigue:**Fatigue is probably the single most commonly shared symptom of PPS. Fatigue contributes to greater pain and sleep disturbance. I believe that intermittent down time is the most effective method of managing fatigue. Down time means lying down prone or supine. Each person has to discover what is the best balance between down time and up time for each day. For example, spending an hour reclined every four hours works well for many PPSers. Medications to reduce fatigue have proven to be of minimal effectiveness in double blind studies. Also many PPSers do not tolerate medications well and have numerous side effects.

4 **Respect new weakness.**If new weakness is detected or experienced, respect this reality and do not try to restore strength by an exercise program. Exercising with this goal in mind will likely lead to more pain and a progression of the weakness. Most of us get enough exercise just trying to maintain the activities of daily living and trying to remain independent. Be sure that any physician or physical therapist who recommends exercise is fully knowledgeable about PPS.

5 **Blood pressure:**Maintaining normal blood pressure is most important for PPSers. Many of us experience elevated systolic blood pressure (the upper number on a blood pressure reading) after exerting some physical effort. Our heart rates may also increase during times of fatigue and minimal physical effort. If this elevation of blood pressure persists, the risk for heart attack, heart failure, and stroke increase. There are many effective medications to control blood pressure. However, beta-blockers sometimes cause side effects for PPSers. The systolic pressure should be below 140 at rest and our pulse rate should be below 100 at rest.

6 **Brain power:**Utilize your brain or intellect to compensate for the increased physical limitations of PPS. This is a process that most polio survivors have been doing for years. PPS calls for an enhancement of this same process. Read more. Read some of the classics. Audio books are a wonderful way to read without tiring your brain or eyes. If your physical disability makes it difficult to hold a book or maintain a reading posture, you are eligible for the Federally funded audio (talking) books for the blind and handicapped. A simple application has to be completed by your doctor to authorize this service. I would also recommend the many benefits of owning a computer. For PPSers, the investment required to purchase a computer is usually a rewarding undertaking. You are never too old to enjoy and learn from a computer, which literally makes the world available to you.

7 **Doctors and therapists:**Find doctors and other therapists who not only know about PPS, but are interested in learning more and will listen to you. However, be cautious if a doctor tends to blame all your symptoms on PPS because we are in an age group, which is vulnerable, to many other medical/surgical problems. Your doctor should rule out other causes of symptoms that simulate PPS symptoms. Your doctor should not hesitate to refer you to an appropriate specialist if any symptoms are not explained.

8 **Herbal medicine:**Americans now live an average of about thirty years longer than our ancestors of one hundred years ago. This is largely due to antibiotics, better diagnostic and treatment techniques, improved nutrition and more prevention via vaccines. Because we have it so good, we want it even better. Thus, the herbal, vitamin, and nutrient alternative medicine business is booming. Keep in mind that the Federal Drug Administration does not have the resources to monitor these alternative products as it does prescription medications. Whether it be St. John's Wort, Ginkgo Biloba, L-carnitine, Feverfew, the various vitamins, or shark liver oil, be sure that your physician knows what you are taking and remember that with many of these products, cheaper does not always mean purity of the product. If an alternative medicine seems to be helping you, continue it. Nobody has found a consistently effective pharmaceutical treatment for PPS.

9 **Talk to someone:**Talk to someone who cares about your feelings in living with PPS. This person might be your spouse, a family member, friend, or even a professional therapist. Our

support group is a healthy and welcome forum for talking about your feelings. Many polio survivors have spent a lifetime of containing their feelings of loss and even anger. To express these feelings to someone is very difficult, but the benefit is immense.

10 **Spiritual base:** Having a faith or spiritual base that transcends the daily activities and struggles of this life can be an additional source of personal and inward strength. This pilgrimage is a personal choice, but I believe provides a greater meaning to our time in the midst of the ages.

11 **Nutrition:** Enjoying good food is still one of the pleasures of life that most of us still can do. That is the up side. The down side is that we more easily gain weight, as we are more sedentary living with PPS. The practical advice is to avoid big meals, especially at the end of the day. Eat balanced meals with some emphasis on protein content. Maintain good hydration. Good hydration assists renal and pulmonary function.

12 **Keep your feet up:** When sitting, keep your feet elevated whenever possible. Another advantage of taking intermittent down time throughout the day is the benefit of preventing or at least reducing dependent edema. Weakened leg muscles, along with reduced motor activity, contributes to dependent edema. Chronic dependent edema can lead to possible leg ulcers, deep vein clots, and phlebitis. Complications of these conditions can result in life threatening pulmonary emboli. Wearing support hose can also help prevent dependent edema.

13 **Don't ignore headaches:** Headaches are a common sign of PPS fatigue. Have your doctor rule out other causes of headache such as hypertension, tension vascular headache, or some other medical problem. A dull daily headache is often a sign of PPS fatigue and particularly brain fatigue. Brain fatigue is often marked by word finding difficulties, mental focusing, and concentration problems. These brain fatigue symptoms are usually reversible with rest. Rest and more rest is the best treatment for the dull headache of fatigue.

14 **Pace:** Approach pacing like you would an algebraic equation. The daily physiological energy expended must equal the physiological energy stored and not exceed it. Most of us are accustomed to expending more energy than we store or acquire. If you know that a particular day's activity will result in more energy expended, plan to spend more than one day to restore and recover that energy. Balancing this energy equation over time results in successful pacing. Pacing reaps results, but not in a few days. One should practice pacing for months and years.

15 **Breathe well:** Healthy breathing and good sleep hygiene are coupled together as I mentioned in [#1](#). Sometimes, the muscles of breathing grow weaker with the progression of PPS. Thus, there could be an insidious onset of chronic hypoventilation, which could contribute to an overall feeling of fatigue. Also scoliosis, resulting from polio may advance with the progression of PPS and aging. This process could restrict the ventilatory capacity of the lungs and lead to hypoventilation. Measurements of pulmonary function and arterial blood gases can help to diagnose hypoventilation. Most PPSers with these problems do not usually need added oxygen, but simply improved ventilation, often only at night. Depending on the degree of hypoventilation, this condition can often be treated with a C-pap, bipap, or ventilator without the necessity of added oxygen. Actually, adding oxygen without improving ventilation can increase the risk of carbon dioxide retention in many PPSers with scoliosis or weakened respiratory muscles. Untreated chronic hypoventilation can lead to respiratory failure and ultimately death.

16 **Extend recovery from any stress:** Expect to take three to four times longer to recover from an infection, minor or major surgery, an injury, accident, or emotional upheaval. For whatever the reason, the physiological restorative processes of the body and brain are delayed by PPS. When any of these stresses occur, plan on taking longer to recover.

17 **Use your sense of humor:** Many survivors of polio seem to possess a witty sense of humor and an upbeat approach to life. A sense of humor is a good way to remain innovative, creative, and positive. Keep using this attribute.

18 **Sex and Intimacy:** Sexual stimulation is good for the cardiovascular system. Be creative with this stimulation. The polio virus did not damage the sensory portion of the nervous system. Feelings, both physical and emotional, are still potentially available for expression and perception. Linda Van Aken and I wrote an article about [PPS and Intimacy](#) about a year ago. That article attempts to address this issue.

19 **Be more dependent:**Not only should you allow others to help, but also you should tell them how to help you. If your spouse is your main helpmate, be cognizant that he/she also gets tired. If you ask your spouse or anyone else to fetch or fix things for you, be organized about your requests and minimize their physical effort and time consumed. Simply keeping a list of your needs or requests can help conserve your spouse or helper's energy and reduce the development of interpersonal tension. It is very difficult for PPSers to relinquish some controls, but in doing so, avoid trying to control your spouse or helper. Communicate what you want or need, but be courteous and grateful in the process.

20 **Roll more, walk less:**When walking becomes more difficult because of new weakness or fatigue, get some wheels and roll more. If you can still walk some and rise unassisted from a chair, a scooter might be advisable. A battery-motorized scooter allows you greater and safer mobility. Scooters are great for malls, touring your neighborhood, and even in parks. If your weakness is profound, an electric wheelchair is probably what you need. Most health insurance carriers will pay for most of the cost of a scooter or electric wheelchair. Even Medicare covers these devices as long as your physician orders it. Once you learn the value of electric mobility, you may want to invest in a van and a lift to be able to take your wheels wherever you go.

21 **Use assistive devices.**Many of us have found it necessary to acquire new braces, canes, and crutches in order to keep walking and maintain balance. Accepting this need may be a step back in time for some. Don't resist this help. By all means, do anything to prevent falls. Do what is wise and necessary. Install grab bars, elevate the toilet seat, use pick sticks, and install ramps. I think it is wise to carry a cellular phone on your person (or wheelchair or scooter) at all times. Use your brain to help yourself. Only you know what you need and what may help.

22 **Never, ever give up.**During the struggle with acute polio and its aftermath, many of us were told, "No pain, no gain." We were encouraged to overcome adversity and that it was all up to us. With PPS, we know that attempting gain will bring more pain and no real gain in the process. However, we still need to retain our persevering and hopeful approach to life. Giving up will serve no positive purpose and is a sign of depression. We should press on, but pace the race. We should be more like the turtle than the hare.

23 **To be added**when a new hint comes from you.

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Tips From Other Polio Survivors

I took an informal poll among my online friends to see what tips they had to share. Here are a few:

From Lynda Cook:

"On the morning news a few days ago they had an organizer on. I had heard most of it before but she suggested that a persons closet could be scary. You look in, know you need to straighten, clean and discard but the job just looks to big and tiring. No kidding. I look in mine and want to take a nap. She suggested that you write down each Monday through Friday or Saturday and write red, blue, black, pink or whatever. and then each day you pull out that everything in whatever color is for that day. Go through those things only! Do you like it? Have you worn in the last year? Will you ever wear it again? If you will wear and like it hang it back up other wise get rid of it. That is the end of the first day. Go next and so on. You might have more colors and need to do another week. But it doesn't even sound scary. So after I file the things for the end of 2012 and do our taxes I will try this. Small bites make lots of sense."

From Linda DeRyke:

"Re Batteries: call a Batteries Plus, Interstate Batteries or other batteries only store and ask if they

carry gel cell batteries, about \$125 each for smaller size. The first power chair I bought, from Tom & Ann, was too wide for my lift. When I learned it would fold I had to learn to remove the batteries. It is not hard, just remembering how the connections are plugged in. Take a picture before you remove them the first time. They will usually only plug in one way. I could still lift one battery at a time even after my stroke just took more effort.

On my pawn shop chair (#2 it fit on my lift) Batteries Plus knew how to remove the seat to get to the batteries and replaced them for me. But I learned how to take the chair apart.

On my first Medicare chair (a real lemon, another story for another day) the batteries never lasted very long. One time they died while I was in Lincoln when my Mom was ill. The big DME there didn't have that size in stock and couldn't get in a timely manner so they told me to go to Interstate Batteries across the parking lot from my hotel. I had to tell them how to put the batteries in as this was after my stroke and I couldn't take the chair apart with one hand.

I know my situation is different but yet so similar. My stroke just made me have to improvise more. Anyone who walks in my door with 2 hands is fair game to help with things on the list I always seem to have. I do have a Homemaker Helper she is funded by the County Senior Tax, a small percentage of our sales tax. This is coordinated through our Senior Center. Per the guidelines she is not allowed to do heavy cleaning. She can only clean my immediate living area, kitchen, bathroom, my bedroom including changing the sheets. She can help my with meal prep so I save the major cooking for her boiling pasta etc. Then she puts portions in the freezer for meals at a later time. Things I don't need she can do are errands, personal care, respite care. My daughter & sil (WI) come to visit once a year and they will clean good for me then. My daughter is also very good about putting portioned leftovers in the freezer right away after we have

cooked. I drive up to Springfield to have a meal with my son (TX) & dil as they truck through MO on I 44 but they try to take time off and to visit once a year.

My old apt had L shape cabinets so I could slide pots of boiling water on the counter top to the sink. This apt (rented as accessible?) has a galley type kitchen with the stove opposite the sink.

I use my microwave (even rice) and toaster oven a lot. I get burned on the edges of the big oven when trying to take things out. I only use the big oven when I know someone is coming over. Put things in a cold oven timed to be finished while they are here. I've learned by putting extra liquid in the tuna & noodle mixture I can use dried (raw) noodles and they will be done at the end of baking. Yes any sticking out the top won't get done and are crunchy. Sometimes I put a small casserole in the oven, open the door when it's done and let the oven cool enough to be able to pull the rack out and spoon it onto my plate. By the time I finish eating the oven & dish are cool enough for me to put it away. Having to clean the oven door is the down side to this action. I use a lot of fresh produce, frozen if I have the freezer space. I have also found frozen precooked fajita beef and chicken strips, fajita, grilled or rotisserie style.

The brand I use is John Soules it is cheaper than Tyson, 5 bags for \$25 at my grocery store. I get 5 or 6 meals out of each bag. They are not breaded and very versatile and quick. I use them in soups, salads or vegetable bowls. They are real meat with only water and seasonings added. I feel I'm at least getting a healthful meal. Nothing wrong with the cheese sandwich but after a while I want more.

Peeling apples/potatoes: Using my cutting board I will quarter the item, lay it on it's side and make small vertical cuts to get peeling off. Otherwise I just wash it good and cook with peeling on. It comes off easy then.

If you have someone handy with a drill around you can pick up a wooden cutting board, cheap is good, and long stainless steel screws (6 or 8). Have them screw the screws from the underside so the points are sticking up in 2 rows wide and long enough to hold both ends of a potato. Fruit can be spread

on the ends and peeled with knife or peeler.

Re kitchen carts: In a pinch particle board microwave or TV stands can also be used and picked up at garage sales easier than "kitchen" carts. It is a lot harder to drill into particle board than wood though.

Not ever having much strength in my arms I have always used my kitchen table for chopping and cutting to give me more leverage. It has always been lower than any counters I've had. Is very helpful now I'm in my chair full time.

Re pans of water on stove: after water has cooled it can be drained by using a turkey baster and putting it back into the plastic pitcher you used to fill pan."

From Maxine Nelson:

"Bye-and-bye you and you friends may have to meet at an accessible place... like a church, or public library. (We have one bridge group which plays at the airport. has for years.) Perhaps a few others will want accessibility, also. .. Or perhaps you could play bridge in the garage. .

Or maybe you could have family gatherings in a church or public meeting place? I have a power wheel chair and a van (took my life savings!) but I also have a folding manual chair and when I go somewhere and my van isn't working (etc.) they just fold up my folding chair, throw it in the trunk, and away we go.

Oh, I recommend buying your manual chair online, if you are paying for it yourself. I bought one while I was visiting my daughter in SL, and paid about \$350 for it. I found the identical one on line for \$150.. so they come in all prices. It was nice to see what I was getting, and try in on for comfort..but I would have saved \$ if I had bought online. I paid for it myself.

A rolling kitchen or office chair with castors is fun to use once your legs get used to it."

From Toni Fenner:

"I found using a pizza cutter helps with cutting a lot of things...one of them being celery."

From Tom Post:

"When Ann was alive, she wanted to help in the kitchen. It was too much for her to stand, so we had an 18" section of the countertop made into a pull out. It was the perfect height with her chair. She was able to help cut veggies, stir, etc as needed. Made her feel like she wasn't helpless. Was not difficult to do. It was put on drawer pulls and fit perfectly. Ann insisted on having the pull-out drawers put in all the lower cabinets. That helped her greatly. She was able to get out the items she needed easily. We even put a toaster/broiler oven on one. She knew what her limits were and had great ideas on how best to utilize what she could."

From Jim Sutton:

"I have a three-shelf kitchen cart to which I have attached a power strip on one end and cup hooks on the other end to hold a light-weight cutting board. I can move it if needed, since it's on casters. The idea was to have my most-used "stuff" handy and not take up the tiny amount of counter space that I have. It holds my KitchenAid mixer, Actifry, Dutch Oven, seasonings, and some pots and pans."

From Judy Eades:

"Don bought a very lightweight frying pan at Walmart for \$18 for our cabin. I loved it so much I bought another one for our cabin. Then i came back to Omaha and bought one for my home. I do not use the cast iron skillet at all and haven't for a year.....Love my new cheap lightweight pan!"

From Janet Williams:

"I used to fill my pans at the sink and then transfer it to the stove, which is not really that far but have dropped that dang thing on my foot. Ouch... So that is truly a saver there. I no longer sit there and dice

onion, garlic and things like that. I use onion powder and garlic powder- may have to use a little more but it works. I store all my seasoning and spices on the counter in a pretty basket. It works and I have the room. On one counter, I have a lazy susan, this I pretty up with nice cups and in the middle I have my favorite teas and what not right there- with a couple of cinnamon sticks. When I cook, I always make double and boy, freezer bags come in handy to store extras for another day. The pots and pans are more lightweight now- I am in the middle of trying to figure running cork board and some kind of hooks to hold them. I only use a few.

If I do try and cut carrots, celery, etc. I can pull my one drawer out and place a lightweight chopping board - it fits perfect and I can actually pull my chair under that- the counter and stove are right there and the frig. is right across so my chair will go back and forth if needed. I keep a pretty deep small crock filled with wood spoons and utensils, it sits right near the stove, so not opening and closing the drawers as I once did. I was lucky as Vern had a lot of our doors widened and put the push down knobs on them. There are only 2 doors that are 28" wide but one room I can get into OK. It is our smaller bathroom- but he had a grab bar put outside to grab, so the chair goes up near that entrance and I can still get up but times grab that bar. The toilets he had put in are over 3" higher than standard ones- 3" makes a big difference for me.

I use paper plates a lot- but when I use dishes, Corelle is not too heavy for me yet. Plus you can put them in the microwave. I do not use glasses like I used to- broke more than I can say. I use the sippy cups and they have a nice grabber around them- plus the ones I got, you can put in the micro wave. I do not use the vacuum cleaner like I did- I use a lightweight - non electric push broom- then pray I get a visitor(lol) and ask if they can run the vacuum. Vern had laminate flooring put in and boy the Swiffer works great- even from a chair. "

Polio Draggin' **By Millie Malone Lill**

The Polio Dragon is a common theme because, like a dragon, the effects of polio slumber for awhile, then awaken and attack us anew. So many of our stories are similar: we were paralyzed, our parents were just happy we lived through it, we pushed ourselves to recover and then, for awhile, we were 'normal,' or nearly so. Twenty or thirty years later, we begin to fall more often, we are in pain, we lack stamina and we are exhausted. Not a little tired, not sleepy, not even work worn. We are bone weary and it takes forever to get our 'oomph' back.

This fatigue is really hard to explain to other people. They don't really want to stand still while we explain the old 'I lost half my motor neurons when I had polio and now I am running on empty' spiel. I have heard, "I get tired, too. Sure wish I could take time for a nap." Implying that I am merely lazy and asking for sympathy. Sometimes I run out of patience with this. I know, those of you who know me well will not be the least surprised that my very small well of patience has run dry, but I do try to be patient. It's just that it is not one of my talents. Anyway, on at least one occasion when faced with this attitude, I replied, "Oh, really? I'm so sorry you get that tired. Tell me, do you fall asleep while driving or feel like you are going to either pass out or vomit, like I do? Don't you hate that?!" That time, the person who was trying to make me feel lazy backed up and said no, she didn't get that tired. "Well, I do," was my reply.

How do you explain this fatigue to people who have never felt it? I have seen people in

their 80s and 90s who have so much more energy than I do. I have always served on volunteer committees and usually these are run by older women. Frequently I would be 15-20 years younger than the average person on the committee. This can lead to problems. When I was asked to wash dishes for a few hours to help at a dinner theater this group was sponsoring, I said no, I can't stand for that long. You can imagine the looks I got. The rest of the women were well into their 70s and 80s and at that time I was in my late 50s. I was still walking, but not well. I didn't remain on that committee long, as you can imagine. I couldn't explain in a way they could understand that even though most of them were old enough to be my mother, I still was not able to outwork them.

I do try to get things done, but speed is no longer a part of it. Doing dishes means unloading the dishwasher, resting for awhile, reloading the dishwasher, resting awhile and then putting in the detergent and pushing the button. This from a woman who used to care for 10 kids at a time, who could carry 50 lb. bags of seed corn, seed beans, or fertilizer. I cooked for hordes of men at harvest time and baked 12 loaves of bread at a time several times a month. That ship has sailed. Vacuuming is nearly impossible because standing for more than 5 minutes causes my back to go into spasm.

What's the answer? If I had it, I would certainly give it to you. I guess we all have to come up with our own. Now that I use my power chair a lot, people don't expect as much from me, so that helps. There are things I can do and will do to help out, but that fatigue is a bearcat. Maybe I'll just tell them "Sorry, my Polio is Draggin'."

Web Corner

Here us a review of the book *Traveling Without A Spare* by Wenzel Leff, MD.

<http://www.mobridgetribune.bridgcitypublishing.com/?p=4152>

Post Paralyzed Walking Rat Research to be Tried on Humans

<http://www.apparelyzed.com/forums/topic/26459-post-paralysed-walking-rat-research-to-be-trialled-on-humans/>

Iron Lung Moves From London to Help Polio Fight:

<http://www.standard.co.uk/news/uk/iron-lung-moves-from-london-to-help-polio-fight-8493504.html>

Vegetarian Hot Pot Recipe for Pain Relief:

http://www.lifescrypt.com/health/centers/pain/recipes/vegetarian_hot_pot.aspx

In case you need help with disability related discrimination:

<http://www.hhs.gov/ocr/office/index.html>

A Bit Of Humor

ONLY A MAN WOULD ATTEMPT THIS

Just try reading this without laughing till you cry!!!

Pocket Tazer Stun Gun, a great gift for the wife.

A guy who purchased his lovely wife a pocket Tazer for their anniversary submitted this:

Last weekend I saw something at Larry's Pistol & Pawn Shop that sparked my interest. The occasion was our 15th anniversary and I was looking for a little something extra for my wife Julie. What I came across was a 100,000-volt, pocket/purse-sized Tazer.

The effects of the Tazer were supposed to be short lived, with no long term adverse affect on your assailant, allowing her adequate time to retreat to safety...??

WAY TOO COOL! Long story short, I bought the device and brought it home... I loaded two AAA batteries in the darn thing and pushed the button.. Nothing! I was disappointed. I learned, however, that if I pushed the button and pressed it against a metal surface at the same time, I'd get the blue arc of electricity darting back and forth between the prongs.

AWESOME!!! Unfortunately, I have yet to explain to Julie what that burn spot is on the face of her microwave.

Okay, so I was home alone with this new toy, thinking to myself that it couldn't be all that bad with only two AAA batteries, right?

There I sat in my recliner, my cat Gracie looking on intently (trusting little soul) while I was reading the directions and thinking that I really needed to try this thing out on a flesh & blood moving target.

I must admit I thought about zapping Gracie (for a fraction of a second) and then thought better of it. She is such a sweet cat. But, if I was going to give this thing to my wife to protect herself against a mugger, I did want some assurance that it would work as advertised.

Am I wrong?

So, there I sat! In a pair of shorts and a tank top with my reading glasses perched delicately on the bridge of my nose, directions in one hand, and Tazer in another.

The directions said that:

A one-second burst would shock and disorient your assailant;

A two-second burst was supposed to cause muscle spasms and a major loss of bodily control; and

A three-second burst would purportedly make your assailant flop on the ground like a fish out of water.

Any burst longer than three seconds would be wasting the batteries.

All the while I'm looking at this little device measuring about 5" long, less than 3/4 inch in circumference (loaded with two itsy, bitsy AAA batteries); pretty cute really, and thinking to myself, 'no possible way!'

What happened next is almost beyond description, but I'll do my best.

I'm sitting there alone, Gracie looking on with her head cocked to one side so as to say, 'Don't do it, stupid,' reasoning that a one second burst from such a tiny lil ole thing couldn't hurt all that bad.. I decided to give myself a one second burst just for heck of it.

I touched the prongs to my naked thigh, pushed the button, and...

HOLY MOTHER OF GOD. WEAPONS OF MASS DESTRUCTION. WHAT THE... !!!

I'm pretty sure Hulk Hogan ran in through the side door, picked me up in the recliner, then body slammed us both on the carpet, over and over and over again. I vaguely recall waking up on my side in the fetal position, with tears in my eyes, body soaking wet, both nipples on fire, testicles nowhere to be found, with my left arm tucked under my body in the oddest position, and tingling in my legs! The cat was making meowing sounds I had never heard before, clinging to a picture frame hanging above the fireplace, obviously in an attempt to avoid getting slammed by my body flopping all over the living room.

Note:

If you ever feel compelled to 'mug' yourself with a Tazer, one note of caution:

There is NO such thing as a one second burst when you zap yourself! You will not let go of that thing until it is dislodged from your hand by a violent thrashing about on the floor!

A three second burst would be considered conservative!

A minute or so later (I can't be sure, as time was a relative thing at that point), I collected my wits (what little I had left), sat up and surveyed the landscape.

My bent reading glasses were on the mantel of the fireplace.

The recliner was upside down and about 8 feet or so from where it originally was.

My triceps, right thigh and both nipples were still twitching.

My face felt like it had been shot up with Novocain, and my bottom lip weighed 88 lbs.

I had no control over the drooling.

Apparently I had crapped in my shorts, but was too numb to know for sure, and my sense of smell was gone.

I saw a faint smoke cloud above my head, which I believe came from my hair.

I'm still looking for my testicles and I'm offering a significant reward for their safe return!

PS: My wife can't stop laughing about my experience, loved the gift and now regularly threatens me with it!

If you think education is difficult, try being stupid!!!!