

FPN News

the FOUNDATION for
PERIPHERAL NEUROPATHY®

DEDICATED to REVERSING the IRREVERSIBLE

FALL 2011

A MESSAGE FROM THE EXECUTIVE DIRECTOR



For most people, the holiday season is a time spent surrounded by loved ones, being grateful, mindful, and setting goals for the upcoming new year. At The Foundation for Peripheral Neuropathy, it's no different.

Proudly reflecting on the past year, we're grateful for the more than

1,000 new friends that we've met, the nearly 500 supporters we've visited during special events and seminars, and for the first-class research being done at our partner institutions across the country. The Foundation has welcomed new Board Members and new staff members to our team and we've launched a revolutionary research registry to help support the 20 million + Americans who suffer from Peripheral Neuropathy.

In 2012, we've set our sights even higher! The Foundation for Peripheral Neuropathy is dedicated to granting hundreds of thousands of dollars to collaborative researchers worldwide. We're going to continue making progress on our groundbreaking research registry and aim to cultivate thousands of new relationships with physicians, clinicians, patients and others who have been affected by this debilitating disease.

With your help, we can meet and exceed these goals!

If you're a healthcare provider, please inquire about our upcoming international research symposium. If you're a patient, join our growing network of friends on Facebook. If you are new to the FPN community, consider participating in our 10 for 10 Campaign to spread the message amongst your loved ones. And if you are a philanthropist, please share your support with The Foundation for Peripheral Neuropathy. Every effort and each gift has the ability to make a transformational impact.

Most importantly, please enjoy this time of year and take care of yourselves. On behalf of The Foundation for Peripheral Neuropathy, thank you for being an active and interested part of our community.

Wishing you and your family a happy and healthy holiday season.

Pam Shlemon

Chronic Pain in America—An Epidemic



Pain is a uniquely individual experience. Descriptions of the pain people suffer vary widely but for the 116 million Americans living with chronic pain, they feel the effects every day. Some days are easier than others; some days they can hardly carry on. And, as a nation, the cost of chronic pain costs all of us over \$560 billion annually in direct medical care and lost productivity.

Anybody can be struck with chronic pain. It can be the result of aging, of

having another disease, of surgery or injury. A vast majority of the 20 million Americans suffering with peripheral neuropathy experience pain—often debilitating pain. Many of them suffer as a result of having received treatments for other, life threatening diseases—cancer, HIV/AIDS, diabetes. Many suffer with PN from other causes—there are more than 100.

the cost of chronic pain costs over \$560 billion annually

Recent research published by the Institute of Medicine declares chronic pain to be a public health problem. It contributes to the rate of morbidity, mortality and disability in America. Long-term, consistent pain causes changes in the nervous system and eventually the pain becomes its own distinct chronic disease. For example, diabetic neuropathy causes changes in the peripheral and central nervous systems that can cause pain even after the cause of the pain has been resolved.

Pain that is not under control has a significant negative impact on the sufferer's quality of life. It affects their ability to concentrate, do their job, exercise, socialize, sleep well, do recreational activities, or work around the home. Aside from the physical ramifications, the emotional toll is also significant as people feel more depressed, irritable, listless, and unable to cope. If their pain can be brought under control, there will be improvement in what they can do and how they feel.

(CONTINUED ON PAGE 3)

SMILING THROUGH THE PAIN

It can be tough for anyone to keep up with a 4-year old. But when you spend most of your day in a wheelchair due to constant pain, it's nearly impossible. Jill Elrod tries to make the most of each day and enjoy time with her daughter who tries to understand that 'mommy's legs hurt'. Jill tries to protect her as much as possible from the reality of her chronic pain saying, "I try to keep a smile on my face."

Jill was diagnosed with Juvenile diabetes (Type 1) at age 3 when she fell into a 24-hour coma. Being raised by her grandparents and with her parents absent during her childhood, she had no one around to monitor her blood sugar daily. Quickly, her health began to fall through the cracks and throughout the years, Jill has developed additional chronic diseases due to poorly-treated diabetes, including the most common, yet often unknown, side effect: Peripheral Neuropathy (PN).

During high school, Jill began to feel the typical symptoms of PN—numbness, tingling—and went to visit her doctor. It wasn't until 2009, at the age of 21, that she was finally properly diagnosed. Today, she is in the wheelchair more than she is out of it due to her constant pain and ongoing problems with balance issues, not uncommon in those suffering with PN.

INSIDE

- Our new Director of Development
- FPN Book Club

(CONTINUED ON PAGE 6)

Featured in this issue

FPN Profile | Jill Elrod
Page 1, 6

Research | News
Page 2

Clinical Trials
Page 2

Living Well | PN and Sleep
Page 3

Ask the Experts | Q & A
Page 4

RESEARCH NEWS

WHITTILING AWAY AT THE UNKNOWN: THE FIGHT AGAINST IDIOPATHIC NEUROPATHY —

A. Gordon Smith, MD, University of Utah, School of Medicine

The second most common cause of peripheral neuropathy is “idiopathic” (unknown cause) neuropathy. This diagnosis is often confusing to patients. While it is intended to help physicians and researchers classify the disorder, it seems to reflect an effort to convey an understanding that doesn’t really exist.

I’ll never forget struggling to tell a patient several years ago about idiopathic neuropathy. After I finished, he concluded “it must mean you’re an idiot since you can’t figure out what’s wrong!” Early in my career it occurred to me this patient wasn’t too far off the mark, and until recently there appeared to be little hope for patients with idiopathic neuropathy to achieve a better understanding of their disease, or for researchers to discover an effective treatment or cure. This is now changing... and rapidly.

My research group and others have been working hard to understand the relationship between Metabolic Syndrome (the grouping of obesity, pre-diabetes or diabetes, high blood pressure, and lipid abnormalities) and neuropathy. Our hypothesis is that many patients with idiopathic neuropathy have nerve damage due to the toxic effects of obesity, in particular pre-diabetes, abnormal lipids and cholesterol. A number of new studies suggest this may in fact be the case. Dr. Eva Feldman (a member of the Foundation’s Scientific Advisory Board) recently published an elegant article in the journal *Brain* that examined which genes were turned on in patients with diabetes whose neuropathy progressed. These and other studies suggest a potential mechanism by which Metabolic Syndrome could cause neuropathy, and more importantly they open the door to rational treatment.

We previously reported that simple diet and exercise resulted in improved pain and nerve regeneration in patients with idiopathic neuropathy and pre-diabetes. Efforts are now underway to organize a large, multicenter randomized trial to carefully study the benefits of lifestyle intervention on pre-diabetes and neuropathy. We hope this study will provide the first disease altering therapy for patients suffering from “idiopathic” neuropathy, and will eventually lead the way to even more effective therapies.

Our attempts to solve the mystery of idiopathic neuropathy can only succeed with robust support from organizations like the Foundation for Peripheral Neuropathy and advocacy of the millions of patients who confront the reality of peripheral neuropathy every day. It is essential that as a community we support the Foundation’s mission and speak with a unified voice to funding agencies and policy makers that peripheral neuropathy is a major medical problem that deserves substantial investment in basic and clinical research and patient care. It may seem like we are just whittling, but I am very optimistic that in the coming years we will have whittled away enough that idiopathic will be the rarest (rather than one of the commonest) causes of peripheral neuropathy.

DIABETIC NEUROPATHY RESEARCH FOCUSING ON INFLAMMATION, MITOCHONDRIA, AND INSULIN RESISTANCE

For more than 15 years, a team of researchers in the University of Michigan laboratory of Dr. Eva Feldman has been working on understanding the cellular mechanisms leading to nerve injury in diabetic neuropathy. Dr. Andrea Vincent, who is investigating glucose and lipid-induced oxidative stress and injury in diabetes, and co-authors discussed the latest findings in a recent review (*Nat. Rev. Neurol.* 7, 573–583, 2011), with emphasis on potential therapeutic targets. This synthesis of our current knowledge reveals that multiple metabolic imbalances, not just glucose, underlie the development of diabetic neuropathy.

Hyperglycemia, dyslipidemia, and cardiovascular dysfunction are each independent risk factors for neuropathy that must be addressed by the physician and the patient in order to improve clinical outcomes. All three of these risk factors generate cellular oxidative stress and inflammation cascades that injure the peripheral nerves. Strong evidence now exists that targeting mitochondrial metabolic control and inflammatory pathways will decrease the development of pain and other symptoms in diabetic neuropathy. Further metabolic stress arises in diabetes through the development of nerve cell insulin resistance.

This is a new focus for prevention strategies, since insulin signaling may be critical for neuron survival. We now know that multiple nerve cell types participate in the development of an injury, including microvascular cells, Schwann cells, and neurons that produce a complex interplay of protective and toxic factors that are difficult to define in experimental systems. The conclusions of this review underscore the importance of developing combination and personalized treatments for the disease.

Andrea Vincent, PhD, Research Assistant, Professor of Neurology and Eva Feldman, MD, PhD, FAAN, Russell N. DeJong Professor of Neurology, Director of the A. Alfred Taubman Medical Research Institute, and Director of the Program for Neurology Research and Discovery, University of Michigan

news Briefs

Colorectal Cancer Drug Linked with Nerve Damage

Dr. Michael Polydefkis, Johns Hopkins University School of Medicine led a team of researchers to study the effect of Oxaliplatin on patients with advanced colorectal cancer. It appears to cause nerve damage that may be permanent and worsens even after the treatment ends. Investigators emphasize that the treatment extends survival from months to years but their goal is to find a way of preventing or slowing the damage through nerve-protective therapies.

Source: oncology.nurseadvisor.com; *Neurology* (September 2011).

Marijuana Extract Might Help Prevent Chemotherapy-related Nerve Pain

Based on animal experiments at Temple University School of Pharmacy, Philadelphia, cannabidiol - a compound derived from marijuana—may be a promising new treatment to prevent the development of painful neuropathy in patients receiving the chemotherapy drug Paclitaxel. Dr. Sara Ward, PhD, reports in the October issue of *Anesthesia & Analgesia*, “our preliminary findings indicate that cannabidiol may prevent the development of paclitaxel-induced allodynia in mice and therefore be effective at preventing dose-limiting paclitaxel-induced peripheral neuropathy.”

The new results pave the way for studies to see if cannabidiol is useful in preventing neuropathy in human patients. Dr. Ward and her colleagues conclude, “...treatment may improve outcomes for patients administered with this chemotherapeutic drug.”

Source: *Newswise*

CLINICAL TRIALS

Lower Extremity Splinting to Manage Pain and Sleep Disturbances Associated with HIV/AIDS Related Peripheral Neuropathy (NCT01419314)

Texas Women’s University, Houston, TX

Through a series of questions about sleep and discomfort in the legs, and physical tests to determine how well you can reach and walk, researchers are trying to find out if wearing splints will help reduce pain and allow HIV/AIDS patients with painful PN to sleep better at night. Participants will participate in the study for 6 weeks including regular visits and communication with the principal investigator in the study.

Study of Pregabalin (Lyrica) in Patients with Painful Diabetic Neuropathy (NCT01057693)

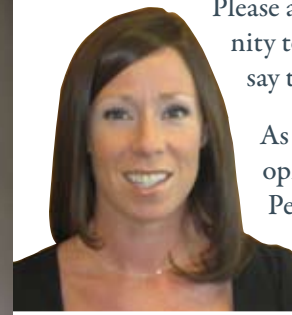
Pfizer Multiple states/locations

Cryotherapy in Preventing Peripheral Neuropathy in Patients with Breast Cancer who are Receiving Paclitaxel (NCT01243541)

Northwestern University, Chicago IL

You can read more about these clinical trials at www.clinicaltrials.gov

DEVELOPMENT CORNER



Please allow me the opportunity to introduce myself and say thank you...

As the new Director of Development for The Foundation for Peripheral Neuropathy (FPN), I would be remiss if I did not extend my most sincere appreciation to each of you.

The friends and supporters of FPN have formed a distinguished base since our humble beginnings in 2007 and I am proud to be in a position to help propel these efforts even further.

“There are two kinds of gratitude: the sudden kind we feel for what we receive; the larger kind we feel for what we give.” —Edwin Arlington Robinson

With an ambitious and noble mission to dramatically improve the lives of people living with neuropathy, the Foundation has positioned itself as a leader in promoting awareness, education, treatments and eventually a cure for Peripheral Neuropathy.

Our network of physicians, clinicians, scientists, friends, families and funders, have the unique opportunity to help us achieve our goals and support the nearly 1 in every 15 Americans affected by painful neuropathies.

During this holiday season, and as we prepare for making positive resolutions in 2012, I invite you all to join me in making a donation to benefit our organization. Your commitment will allow us to further our work toward innovative developments and accelerating a cure.

Thank you for your consideration and for being part of the FPN family.

Kristen Daniels

P.S.—Do you have time and resources to dedicate to our cause? If so, please contact me for more information on how to strengthen your impact by actively supporting FPN’s mission. I welcome your input via e-mail at kristen@tffpn.org or by phone 847.883.9961.



PROFILE DONOR SPOTLIGHT

Help Somebody—Everyday!

Through sharing your stories, we learned of a young, single mom in Georgia who has diabetic neuropathy from unmanaged juvenile diabetes. She is in tremendous pain, having trouble getting out of bed to care for her young child. During our conversation we learned she had a prescription from her doctor for physical therapy but, was denied treatment by Medicaid. She needed some help quickly but she had no means to pay.

We called a doctor in her area to see if he would be willing to help this patient on a pro-bono basis. Dr. Eric Fromm, a chiropractor who offers physical therapy and medical services at his multidisciplinary office in Cartersville, GA, didn’t even hesitate. He immediately said he would be happy to help. We put them in touch with each other and she began receiving therapy at Dr. Fromm’s clinic.

So, why was Dr. Fromm willing to help? “I would do that for anyone”, was his response. “People are in bad situations; someone should take care of them.” He doesn’t turn down many charities and he never charges for treatment to children. A self-professed giver, he says he never says “no”. He is invested in making sure people get the care they need.

Donors give for different reasons and in different ways. Dr. Fromm doesn’t do it for the recognition. He doesn’t even like recognition.

He wants to be the guy who doesn’t just ‘talk the talk’; he wants to ‘walk the walk’. “Everybody should help somebody every day” is his mantra.

Having grown the facility he founded in 1996, A Family Practice & Wellness Center, from a 500 square foot office to a 3,500 square foot office with 21 employees, he is amazed that they see 500 patients a week in such a small town. He and his staff focus on patient satisfaction by providing extra care and compassion.

There are times his generosity is taken advantage of but he doesn’t let that affect what he does. He says he can’t use these instances to change his decisions. It is, as he says, “What makes me happy.”

Too often, neuropathy patients are not given the respect or consideration needed for the complexity of their suffering and circumstances. Thank you, Dr. Fromm, for listening and for making the world a better place!



Every contribution is significant. You can support The Foundation for Peripheral Neuropathy through:

- **Donations to the Annual Fund**
Annual Fund gifts are used to underwrite immediate needs and to fulfill the mission and vision of the foundation
- **Memorial/Tribute/Honor Gifts**
Provide a special way to celebrate the memory of a loved one, a birthday, anniversary, wedding, holiday or an occasion of significance for someone you love
- **Major Gift Contributions**
Generous and transformational gifts to sustain and grow the Foundation for Peripheral Neuropathy
- **Grants**
Provide support through a commitment from your personal, family or corporate foundation

GET INVOLVED

- Follow us on Facebook or Twitter!
- Share this newsletter!
- Contact us to lend your time and talent!



YES, I'M PROUD TO SUPPORT THE FOUNDATION FOR PERIPHERAL NEUROPATHY

Donation amount: \$50 \$100 \$200 \$500 \$1000 \$ _____ other

My gift is: in memory of in honor of _____

_____ first name _____ last name _____ phone number _____

_____ address _____ email _____

_____ city _____ state _____ zip _____ credit card number Visa MC Discover Am Ex _____ expiration date _____

Check Please make checks payable to:
"THE FOUNDATION FOR PERIPHERAL NEUROPATHY"
485 Half Day Road, Suite 200, Buffalo Grove IL 60089

_____ Signature _____

For more information about giving and sponsorship opportunities please contact Kristen Daniels at 847-883-9961 or at kristen@tffpn.org

As a registered 501 (c) (3) not-for-profit organization, all donations made to the Foundation are tax exempt to the fullest extent permitted by law.

Donate online by visiting our website at www.foundationforpn.org, by phone: 1-847-883-9942, or by mail

One of the biggest obstacles any person struggling with pain has to deal with is how their pain is perceived by others, including the healthcare profession. You can't see pain or know the impact it is having on the person who is suffering. Consequently, the perception that pain is a serious condition is not fully recognized. And sending patients to pain specialists is not the answer...there are not enough pain specialists to treat all of the patients living with chronic pain.

What is the answer for this public health challenge? First we need to accept the reality that chronic pain is a public health problem. To reduce the impact of the pain and the accompanying suffering will require a transformation in how pain is perceived and judged. The people with the pain and the healthcare professionals who treat them need to better understand pain of all types and the

need to improve efforts to prevent, assess, and treat pain using standardized methods.

Until better data is gathered and a better understanding of chronic pain is reached, what can be done to help patients today? Pain care must be tailored to each person... there is no 'one size fits all'. Steps should be taken to help patients, and their families, learn self-management skills through educational materials teaching them about the nature of pain, ways to cope and reduce pain, and the benefits and costs of various pain management programs.

Training programs are also needed for healthcare professionals so they can begin changing their attitudes about pain, people with pain and the negative stereotypes that contribute to what is perceived as inequality in pain care. Patients want to be listened to and know that someone is interested in helping them. Pain drugs,

by themselves, are not the answer. Statistics show that the overall benefit of existing drugs is 30-40% pain reduction in less than 50% of patients—that's not very comforting to those who struggle every day.

The study is recommending that the National Institutes of Health (NIH) get involved to push pain research forward. They further recommend that the NIH Pain Consortium assume greater leadership in advancing pain research. Health insurance providers/payers should also work to align payment incentives with evidence-based assessment and treatment.

The bottom line? Each person's pain is unique and influenced by many factors. A plan for each patient must include a combination of medication, physical therapy, self-management, and psychological support. It's a complex problem with no easy answers.

FPN Book Club

Thanks to those who have responded with their book recommendations for dealing with PN. Some of them were the 'tried and true' but there were a couple of new ones too, addressing the benefits of a positive attitude while dealing with the reality of a chronic condition.

For our first book we have chosen, **Nutrients for Neuropathy**, by *John Senneff*. We get a lot of questions about what nutritional supplements are beneficial for PN and what should be avoided. Mr. Senneff, a retired attorney who suffers with peripheral neuropathy, has written a series of books about his experience with PN and what he has learned in his quest for relief.

The book includes clinical studies and references that provide the foundation for what he has written, but it is very reader-friendly. His book might include just the help you need to deal with your neuropathy.



10 for 10

- Skip 2 trips to your favorite coffee shop
- Rent a movie instead of going to the theater
- Pack your lunch.
- Drink tap water instead of bottled water or soda

We all make small sacrifices every day that make the world a better place. Imagine the possibilities if we join together to bring hope and lasting change to those suffering with PN... We have just launched our 10 for 10 campaign where we are asking everyone to donate \$10 for 10 months. IMAGINE THE POSSIBILITIES IF EACH OF US RAISED \$100...

20 million Americans are counting on us... Together we can make a difference today!

LIVINGwell

PERIPHERAL NEUROPATHY AND SLEEP

Sleep is an essential part of living. Unfortunately, sleep disturbance or insomnia is often a side effect of pain and is a common complaint among people living with chronic pain. It's no surprise that about 70 percent of pain patients, including those suffering from PN, report they have trouble sleeping according to the Journal of Pain Medicine.

Following are tips for improving your sleep:

- ▶ Reduce caffeine intake, especially in the afternoon.
- ▶ Quit smoking.
- ▶ Limit and/or omit alcohol consumption.
- ▶ Limit naps to less than one hour, preferably less.

- ▶ Don't stay in bed too long—spending time in bed without sleeping leads to more shallow sleep.
- ▶ Maintain a regular exercise program; complete exercise several hours before bedtime.
- ▶ Keep your room cool. Most people sleep best in a slightly cool room (around 65° F or 18° C) with adequate ventilation.

- ▶ Turn off your TV and computer. Not only does the light suppress melatonin production, but television can actually stimulate the mind.
- ▶ Refrain from taking a hot bath or shower right before bed; the body needs to cool a degree before getting into deep sleep.
- ▶ Try listening to relaxing soft music or audio books instead, or practicing relaxation exercises.

FINDING THE RIGHT CANE

A cane might be just what you need to improve your stability and balance. To avoid falls and instability, it's important to select the right cane and use it properly. Here's what you need to know.

Types and Fit

Standard: These canes have a T- or C-shaped handle. They are good if you need help with balance.

Offset: These can bear more weight with the shaft bending outward. The handle is usually flat making it a good choice for people whose hands are weak.

Multi-leg: With three or four short legs, these offer the most support. This type of cane can stand on its own when not in use.

Handle: Try different handles to determine what's best for you. Avoid metal handles which can be slippery when you perspire or too cold on cold days.

Length: Stand up straight, wearing your regular shoes. Let your arms hang at your sides. Have someone measure the distance from the floor to the inside of your wrist of the hand you'll be using. When you use your cane your elbow should be flexed to a 15- to 30-degree angle.

How to Use the Cane

- 1 Hold the cane in the hand opposite the side that needs support.
- 2 Position the cane about 4 inches to the side of your leg.
- 3 Distribute your weight evenly on both legs, using the cane for support.
- 4 Shift your weight to the stronger leg.
- 5 Place the cane a few inches ahead of you, bringing your weaker leg forward with the cane.
- 6 Once in position, move your stronger leg up even with the cane, and start again.

As you gain experience, move the cane and your weaker leg forward at the same time. Move your stronger leg forward, beyond the cane. Be sure to place the cane on the ground firmly and not too far ahead of yourself.

Source: Chicago Tribune/Harvard Health



ASK THE EXPERTS...

Q "Is any research being done with stem cells to treat PN?"

A At the present time there is relatively little research being done on the use of stem cells for neuropathy. In general stem cell therapies are directed towards cell replacement, but the major problem with neuropathies is not cell loss.

Some work is being done using stem cells as vehicles (carriers) for delivering growth factors and other kinds of drugs, but stem cell therapies that will help human neuropathies are not very close to being a reality. Some work is being done using stem cells to remyelinate nerves that have lost their myelin, but this too is not close to being a reality.

Source: John Kessler MD, Davee Professor of Stem Cell Biology; Chairman, Department of Neurology; Director, Northwestern University Stem Cell Institute

Q "Where can I learn more about vitamins and supplements—what is good vs. what we should stay away from?"

A There are many specific nutrients that may be helpful to support the nerves including reversatrol (found in red wine), fish oil, garlic, niacin and chromium. Reversatrol may have value in the treatment of diabetes complications, including gains in the function of peripheral nerves. Garlic enhances the antioxidant system responsible for protecting against neuronal loss. Niacin provides mitochondrial support which has proven to be of clinical benefit in nerve disorders. Chromium supports nerve growth and is "one of the most researched nutritional supplements in conjunction with peripheral neuropathy."

Source: Chiroeco.com

Q "What are the health benefits of a gluten-free diet?"

A Digestive problems are typically associated with gluten for those who are intolerant. But, for every person with digestive symptoms, there are 8 without GI symptoms. This will shock you but gluten sensitivity can cause or contribute to many diseases including peripheral neuropathy, headaches, fatigue. Gluten testing is frequently inaccurate but up to 75 percent of people with persistent symptoms improve after going gluten-free.

Source: Suzy Cohen, Pharmacist; suzycohen.com

For more ideas on "Living with PN", please visit our website: www.foundationforpn.org

E-News registration

Are you receiving FPN E-News...our free monthly newsletter? Each month we send information about PN...general information, news articles, tips from Facebook, meetings, and our new book club. There's something different every month. If you are not receiving our FPN E-News please visit our website to register. If you have registered and are not receiving the E-News call us at 847-883-9942. We hope to hear from you soon!

FPN | E-News

TIPS FROM facebook

We heard from Jan, in Tasmania, Australia: "Thank you so much for the regular emails, I look forward to the little tips from other PN sufferers..."



One of the benefits of our Facebook community is everyone sharing tips—especially what works. We've compiled a few of those tips here and hope that you learn something that may help you.

BRRRR...COLD WEATHER IS COMING!

HOW WILL YOU KEEP YOUR FEET AND HANDS WARM? Maybe some of the ideas from our facebook fans will help!



Amy: "Socks to Stay Home In" from JC Penney



Janice: Hot tub! Socks and sweatshirts with pockets



Bob: When I ride my motorcycle I use electric socks and gloves



Dianne: Sheepskin moccasins!



Barb: I know that they are painful but keep them moving! I use ted hose for swelling; socks plus rubber soled closed toes slippers; layers - so I can take off sweatshirt/sweater; pantyhose or tights under pants, and gloves with the open fingers....



Arielle: "Toasti-Toes" to help the muscles relax and promote blood circulation



Colin: Socks with magnetic insoles and very thick bed socks

FACEBOOK TESTIMONIAL

Debbie: "I am glad I found this site. It's nice to find people who understand what this pain is all about."

(CONTINUED FROM PAGE 1)

While traditional pain medications have had little to no effect on her PN symptoms, at her neurologist's recommendations, she began looking into physical therapy. She was intrigued by the possibilities but, unfortunately, her medical insurance would not cover physical therapy sessions. Spending time doing research on the web, Jill found the Foundation for Peripheral Neuropathy (FPN). She contacted FPN with her story, hoping we might be able to help her.

Reaching out to a physical therapist in her area, FPN was fortunate to find someone willing to treat Jill pro-bono. She began going to sessions three times a week several months ago and has found benefit through massage and electrical stimulation—both encourage blood circulation to help reduce the pain and hopefully slow the progression of her PN. She recently started using a machine that would help her regain some of her balance but has not been able to get to therapy as often as she would like.

When asked about the treatment she has been receiving she remarked, "I feel very blessed to be getting this care. No one has ever cared for me in this way. They make me feel so good." She is grateful to FPN for connecting her to this caring group of professionals.

Soon to turn 24, Jill was anxious to become more independent. With her diabetes under better control thanks to the use of an insulin pump, she was able to move into her own apartment recently. She stays home most of the time, but is grateful to be able to get up and get her daughter off to daycare. With friends who help her and family nearby, she knows she can always go back to her grandparents, but for now is relishing being in her own space—even in her wheelchair.

With a positive attitude that many in chronic pain understandably cannot maintain, Jill exudes a love for life and has no self-pity! Keep it up, Jill...and Happy Birthday!

YOU CAN SEND US QUESTIONS OR FEEDBACK AT INFO@TFPN.ORG OR CALL US AT 847-883-9942

The Foundation for Peripheral Neuropathy newsletter, FPN News is published two times a year, Spring and Fall. For all who subscribe to our FPN newsletter, you will also receive our, FPN E-news bulletin. To receive the FPN E-news bulletin, please sign up on our website.



WWW.FOUNDATIONFORPN.ORG



the FOUNDATION for PERIPHERAL NEUROPATHY®

485 Half Day Rd., Suite 200
Buffalo Grove, IL 60089

Our mission is to dramatically improve the lives of people living with Peripheral Neuropathy.

The Foundation for Peripheral Neuropathy will be the catalyst for advancing innovative therapeutic developments and accelerating a cure for painful neuropathies by funding collaborative efforts of leading scientists and physicians. We will strive to raise awareness of peripheral neuropathy through outreach programs to patients, their families and healthcare professionals.

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Events

March 14–16, 2012
2012 FPN RESEARCH SYMPOSIUM
INNOVATIVE THERAPIES FOR PERIPHERAL NEUROPATHIES: THE PRESENT & THE FUTURE
(by invitation only to basic and clinical scientists and young investigators)

April 14, 2012
DIABETES EXPO
McCormick Place, Chicago

April 30, 2012
PATIENT SEMINAR AT WELLNESS PLACE Palatine, IL

TOPIC: Physical and Occupational Therapy for PN

SPEAKER: Vicki Tysseling-Mattiace, PhD, PT, Northwestern University

Date to be determined, 2012
PATIENT SEMINAR AT WELLNESS HOUSE Hinsdale, IL

August 28, 2012
CHICAGO TRIATHLON
WE WILL REGISTER A TEAM TO RAISE FUNDS FOR FPN
Watch our website for more information in January

Date to be determined, 2012
PATIENT SEMINAR AT CANCER WELLNESS PLACE Northbrook, IL
CHECK OUR WEBSITE FOR UPDATES ON ALL EVENTS

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PAGE 6



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Neuropathy and become a fan.



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To learn more about peripheral neuropathy and the Foundation visit our website at www.foundationforpn.org.

The information contained in this newsletter is not intended to substitute for informed medical advice. You should not use this information to diagnose or treat a health problem or disease without consulting a qualified health care provider. You are strongly encouraged to consult a neurologist with any questions or comments you may have regarding your condition. The best care can only be given by a qualified provider who knows you personally.