



## POST-POLIO AND PHYSICAL THERAPY

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During recent years, I have had the opportunity to meet and work with patients experiencing the late effects of polio. Many times I have detected some frustration and anger regarding my professionals lack of experience in treating Post-Polio patients. I write this brief article now for two reasons.

1. to explain and help you understand this lack of knowledge on the part of many of my colleagues.
2. to provide some guidelines regarding Do's and Don'ts when seeking physical therapy.

Most Physical Therapists (PT's) (Physiotherapists in UK) working today weren't even alive during the major polio epidemics. Their formal education regarding poliomyelitis was more historical than factual, with little more than definitions of pathology and no clinical experience. Post-Polio Syndrome is only recently being recognised and it's existence is still questioned in some medical circles. Both acute polio and post polio syndrome present clinical pictures which are unlike any other neuromuscular condition. Without the experience of working with acute polio patients and with little documented information regarding the treatment of Post-Polio Syndrome, it is not surprising to find professionals lacking in knowledge.

Although, there may be reasons for a lack of knowledge, a responsible professional should **NOT** treat any condition that he or she is not confident and knowledgeable in treating. You may be able to direct a PT to appropriate resources. Please see the resources at the end of this article and I would be happy to help also.

Reasons for seeking physical therapy will vary. You may be referred to a PT to help you with your Post-Polio Syndrome. You may be referred for rehabilitation following corrective surgery for a polio related condition. You may also be referred for a condition not necessarily related to polio at all such as arthritis, bursitis, tendonitis, fractures, osteoporosis, low back pain, stiff neck, etc, etc. Your physical therapist is well trained to treat these other conditions. However, your post polio status should be taken into consideration when designing a program. Here is some advice.

#### **Do's and Don'ts to keep in mind when going for physical therapy.**

**Do** trust yourself and the knowledge you have gained over the years about your body.

**Do** be willing to alter your lifestyle.

**Do** avoid fatigue.

**Do** get enough rest.

**Do** pace your activities rather than discontinuing them.

**Do** conserve energy. It may make more sense to spread your activities out, allowing for rest periods, rather than eliminating interests and activities.

**Do** recognise that your body is aging and some physical changes will occur which are not related to post-polio. There IS a normal aging process even though post-polio may be a part of it.

**Do** respect your feelings. This may be a difficult adjustment time for you; seeking emotional as well as physical guidance may be a wise thing to consider.

**Don't** follow advice regarding physical exercise if you become fatigued while doing it.

**Don't** become short of breath with exercise.

**Don't** do more than your body feels comfortable doing.

**Don't** cause pain with activity or exercise.

**Don't** gain weight.

**Don't** reject using aids and assisting devices without giving them serious thought. (They are meant to conserve energy and preserve anatomical structures, i.e. joints, muscles, tendons, cartilage and ligaments.) Most are delighted and surprised by the increased endurance and energy they have with the use of canes, wheelchairs, motorised scooters or the many other easily found assisting devices.

## Resources

1. Dean, Elizabeth. *Clinical Decision Making in the Management of Late Sequela Poliomyelitis*. Physical Therapy Oct 1991, Vol 71; [10 752 - 761](#). [[PubMed Abstract](#)]
2. Weiss, Marianne R. *Becoming an intelligent Consumer of Physical Therapy Services*, Polio Network News Winter and Spring 1993, Vol. 9 Nos. 1 and 2.

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