

A GUIDE FOR POST-POLIOS

DO'S AND DON'TS plus GENERAL THERAPIES AND THINGS TO AVOID

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What follows is a general, practical guide for post-polios to use, and summarizes the current thinking about post-polio. It will be most valuable if it stimulates you to seek further and more specific information.

- Take time to rest. Nap (if possible) during the day, work fewer hours, and take longer vacations.
- If you are experiencing increasing muscle weakness, exercise only under the supervision of a knowledgeable physician.
- Make sure your food intake is nutritious.
- Be alert to (but not obsessed with) changes in your body, and heed your body's signals.
- Take note of any new symptoms plus clear or gradual changes.
- Get enough exercise to prevent disuse atrophy, but not enough to produce overuse damage.
- Learn how to pace yourself.
- Prevent the secondary complications of weakness, particularly falls; this might entail the use of crutches or a cane, a wheelchair for extended travel, or braces or other adaptive equipment.
- Avoid weight gain. Too much weight only aggravates stress on joints and muscles.
- Consider possible adaptations to your lifestyle, even minor adjustments (changes in hobbies or modes of transportation) can help.
- Do not assume that every physician fully understands post-polio problems. Educate yourself and never hesitate to ask questions.
- Minimize alcohol use, particularly at bedtime. Alcohol inhibits swallowing, interferes with nutrition, and causes falls and accidents.
- Maintain a positive attitude towards your health. Accept change, adapt, and never equate your self-worth with physical disabilities.
- Take common colds very seriously.
- Get bulk-producing fiber in your diet. Avoid stimulant laxatives.
- Medical evaluation of post-polios should include a complete history, physical exam, and appropriate lab studies.

- Muscle strength evaluation should be done by a registered physical therapist or someone familiar with neuromuscular disease. Muscle testing is now advised every year even if there is no obvious change.
- The current recommendation is that all post-polios have a complete medical evaluation covering the three major areas affected by the polio; neuromuscular, circulatory and respiratory.
- Problems with extremities or joint function may require special consultation from physiatrist, orthopaedist, and/or neurologists familiar with skeletal deformities and muscle weakness.
- Experienced physical or occupational therapists can help determine functional losses and how best to adapt.
- Muscle stretching and joint range-of-motion exercises are important where there is muscle weakness.
- Swimming is the best cardiovascular endurance and general conditioning exercise. Water should be warm (at least 90 degrees).
- Discontinue any exercise that causes pain, weakness, or muscle fatigue, including walking.
- Muscles weakened by polio respond poorly to vigorous strengthening programs. Programs such as weight lifting often aggravate the condition.
- Each of you should know your own strength limits or endurance, and avoid going repeatedly to that limit.
- You should avoid narcotics for any reason; aspirin is preferred as an analgesic for muscle or joint pain.
- Occupational therapists can assess extremity function, daily activities, and the need for assistive devices to help achieve the highest level of independence possible.
- Rest is the best known treatment for aching muscles. Moist heat, anti-inflammatory medication, and avoiding exertion are also helpful.
- Physical therapy - heat, massage, joint mobilization, and stretching exercises - can help chronic lower back pain.
- Change of gait pattern, such as using crutches, may be needed to prevent recurrence of lower back pain.
- You **MUST** learn to conserve energy.
- Even though you were once rehabilitated, you must be re-evaluated and taught new techniques to replace those that no longer work.
- Body positioning during sleep is important for post-polios with severe weakness and postural joint deformities.
- Those with marginal respiratory reserve at sea level should be prepared to use respiratory aid when travelling above 3,000 feet.
- Everyone with respiratory insufficiency is advised to get flu vaccination according to Public Service guidelines and recommendations.

Compiled by the Post Polio League.