

Reprinted from Polio Heroes of Tennessee, February 2001

SURVIVORS SURVIVING ORTHOPEDIC INJURY

By Nickie Lancaster, RN

It pays to be the expert in your disease. To know what to do, and more importantly, what not to do, in the vent of an accident or injury can save you and your doctor anxiety, frustration and pain... Knowing how to direct your first aiders or rescuers is also of utmost importance.

THE FIRST RULE OF FIRST AID IS: DON'T PANIC!!!

Remaining calm prevents the wrong thing being done in a panic. Accidents are never planned. One moment you are saying, "What a beautiful day!" The next second... SPLAT!!! The pain from everywhere hits! Like a tuning fork, radiating pain to all parts of your body, so that it sometimes takes minutes to determine where the injury actually is.

DON'T TOUCH ME!!

Well meaning bystanders will immediately try to pull you up. Firmly, but calmly, instruct them to let you alone for a minute so that you can determine how you can move or if you should be moved at all. If someone is present that knows your reaction to injuries, instruct them to reassure the bystanders.

ASSESS YOUR INJURIES.

Determine if you can safely move yourself, or if you can instruct bystanders on how to move you.

Example #1: Your head is cut, but no other signs of injury, you may be able to get up – slowly.

Example #2: You think your arm is broken. Splint before moving. This will prevent the tearing of tissue, such as tendons and ligaments. (Fractures ARE breaks in the bone.) Sometimes it takes longer for tissue to heal after an orthopedic injury than it does for the break to heal.

Example #3: Your knee may be broken or badly injured. **DON'T TRY TO STAND ON IT.**

Example #4: You've turned your ankle, possible sprain or break. **DON'T TRY TO STAND ON IT.**

In Examples 3 and 4, splint, if possible and apply cold pack to the area to minimize swelling. One of the worse mistakes people make is to try to stand on a lower extremity that may be broken.

In the case of a hip, neck or back injury - **DO NOT MOVE OR LET ANYONE MOVE YOU.** An ambulance is needed with skilled personnel and equipment.

WHERE TO GO?

The emergency room is not always the best place, except in the case of multiple injuries, hip, neck or back injuries. If possible, call your own doctor before heading anywhere, so that he may direct your care from the get-go. If you have an orthopedic doctor, sometimes it is faster,

more effective and less expensive to go directly to his office. **CALL AHEAD FIRST FOR INSTRUCTIONS AS TO WHAT TO DO.** If the injury shows bone sticking out of skin, do not try to push the bone back in. You could cut nerves or blood vessels by pushing a bone back in. Gently cover the area with a clean dry cloth and splint in place.

SURGERY OR NO SURGERY.

Make sure your doctor understands your polio and your limitations before any decisions are made about surgery. In the case of broken arms or knees, other options may be better if muscle function would be further impaired. At least, they may be worth the try before surgery.

POST INJURY -- REHABILITATION.

Don't become impatient. "Lord, grant me patience, but hurry up!" is not the correct attitude. It takes a polio survivor 4-5 times longer to recover from any accident, illness, or injury than someone who, did not have polio. Pain medications can also be hazardous. Many pain medications dull the senses and can cause one to overdo. Non-steroidal anti-inflammatory medications are best, if possible. As soon as it is possible, warm water pool therapy will improve function better than any other type of physical therapy when guided by a knowledgeable therapist.

SUMMARY.

It pays to take the time to assess your injuries, to call your own doctor, orthopedic, or physiatrist before proceeding to a hospital, or clinic. Discuss with your doctor treatment possibilities and possible results **BEFORE** any treatment is done. If you are unable to communicate yourself, talk to your family about what to do in case you have an accident before it happens.

Editor's Note:- It might not be a bad idea to keep a list of what medications you take, what allergies you might have, what surgeries you have had, who to call in case of an emergency, and any other pertinent information you feel is needed. It's also a good idea to have the article on anesthesia for polios with that list. I've gotten into the habit of keeping it in the car with me as I do so much driving back and forth to my family. If you need a form for your "medical history" or the anesthesia article, don't hesitate to give us a call or e-mail us your snail mail address.