Pain And Post-Polio Syndrome

An Overview

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Polio survivors, not unlike the general population, will likely experience pain at some points in their lives due to a myriad of reasons. Unlike the general population, however, polio survivors are somewhat more likely to experience pain as a consequence of the residual paralysis or paresis of chronic polio. If a polio survivor is experiencing pain, this does not necessarily mean that the pain is a symptom of post-polio syndrome. Taking this yet one step further, even if a polio survivor has been appropriately diagnosed with post-polio syndrome and is experiencing pain, this does not necessarily mean that the pain is due to the symptoms of post-polio syndrome. If pain is being experienced, it is essential that an appropriate medical evaluation be made because the pain could be due to any number of factors ranging from very benign to quite serious.

The first step in assessing pain in a polio survivor is determining if a diagnosis of post-polio syndrome is appropriate and secondly if the pain symptoms are a part of the post-polio syndrome being experienced. Post-polio syndrome is diagnosed clinically and, unfortunately, no clinic test is specific to detect this syndrome. Therefore, a physician who has experience in managing and diagnosis post-polio syndrome should evaluate the person experiencing the pain. If the pain symptoms are due to the effects of post-polio syndrome, pain is most likely due to overuse of muscles, tendons, ligaments and/or joints. Other problems that can occur with post-polio syndrome are secondary nerve compression syndromes, commonly at the wrist and occasionally at the elbows.

Typical pain syndromes associated with post-polio late effects include muscle pain and cramping. The patients may describe fasciculation (a crawling sensation) which is exacerbated by pain, physical activities, stress and occasionally cold weather. Overuse of muscles and direct myogenic pain may be occurring and, again this is secondary to physical overuse. Typically, the myogenic pain and fasciculation will decrease or disappear entirely with rest. Occasionally heat, gentle stretching and light massage are useful adjunctive treatments as well. Strain injuries also are not uncommon. Areas affected include muscles, tendons, bursa and ligaments. These strain injuries may occur chronically or acutely. They may be posturally related or occurring as a result of overuse of arms, shoulders and lower extremities. Pain from the shoulders resulting from supraspinatus or occasional biceps tendinitis are not uncommon. Elbow pain and knee pain from progressive genu recurvatum is not uncommon. Genu recurvatum is a condition in which, because of weakness of the ligaments and muscles around the knee, there is progressive backward deformity of the knee, resulting in progressive pain, usually the back of the joint. Eliminating

chronic stressors, which may, in addition to symptomatic treatment, consist of protecting the joints through bracing, or decrease in crutch walking, can control these injuries and symptoms.

Another problem frequently seen is degenerative joint disease. Degenerative changes are potentiated if the patient has been walking on unprotected joints with chronic abnormal stresses. Typically, symptoms are improved by improving support with appropriate bracing, postural modification and improved seating support.

Nerve compression syndromes are much more prevalent in the polio population in those who are crutch or wheelchair ambulators. Carpal tunnel and ulnar nerve compression at the wrist is four times more prevalent in this group of polio survivors than in the general population. Chronic stressors, crutch walking and manual wheelchair propulsion are the primary aggravating factors. These are alleviated by reducing the stress on affected areas by use of power carts, thereby reducing crutch walking, and by the use of resting hand splints to provide better protection and positioning of the wrist. Radiculopathy may be a factor in some polio survivors, particularly those who have severe scoliosis or neck or low back hyperextension through weakness and chronically abnormal posture. If degenerative changes are present in the spine, this also is a factor. Decreasing abnormal postures may relieve this. If a body corset or body brace is not being worn, this may be an option in some cases. Improved seating positioning will also decrease symptoms sometimes in these cases. In other cases, traction may be indicated. Symptomatic treatment with medications and therapeutic modalities is also a benefit in many cases.

As can be surmised, polio survivors can experience pain as a result of a large number of factors. The first step in the treatment of pain should be in accurately diagnosing the cause of the pain. It is only at this point that an effective strategy for managing the pain can be developed.

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