



## A GUIDE FOR POST-POLIOS

### DO'S AND DON'TS

#### 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.

1. Take time to rest. Nap (if possible) during the day, work fewer hours, and take longer vacations.
2. If you are experiencing increasing muscle weakness, exercise only under the supervision of a knowledgeable physician.
3. Make sure your food intake is nutritious.
4. Be alert to (but not obsessed with) changes in your body, and heed your body's signals.
5. Take note of any new symptoms plus clear or gradual changes.
6. Get enough exercise to prevent disuse atrophy, but not enough to produce overuse damage.
7. Learn how to pace yourself.
8. 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.
9. Avoid weight gain. Too much weight only aggravates stress on joints and muscles.
10. Consider possible adaptations to your lifestyle, even minor adjustments (changes in hobbies or modes of transportation) can help.
11. Do not assume that every physician fully understands post-polio problems. Educate yourself and never hesitate to ask questions.
12. Minimize alcohol use, particularly at bedtime. Alcohol inhibits swallowing, interferes with nutrition, and causes falls and accidents.
13. Maintain a positive attitude towards your health. Accept change, adapt, and never equate your self-worth with physical disabilities.
14. Take common colds very seriously.
15. Get bulk-producing fiber in your diet. Avoid stimulant laxatives.

16. Medical evaluation of post-polios should include a complete history, physical exam, and appropriate lab studies.
17. 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.
18. 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.
19. Problems with extremities or joint function may require special consultation from physiatrist, orthopaedist, and/or neurologists familiar with skeletal deformities and muscle weakness.
20. Experienced physical or occupational therapists can help determine functional losses and how best to adapt.
21. Muscle stretching and joint range-of-motion exercises are important where there is muscle weakness.
22. Swimming is the best cardiovascular endurance and general conditioning exercise. Water should be warm (at least 90 degrees).
23. Discontinue any exercise that causes pain, weakness, or muscle fatigue, including walking.
24. Muscles weakened by polio respond poorly to vigorous strengthening programs. Programs such as weight lifting often aggravate the condition.
25. Each of you should know your own strength limits or endurance, and avoid going repeatedly to that limit.
26. You should avoid narcotics for any reason; aspirin is preferred as an analgesic for muscle or joint pain.
27. Occupational therapists can assess extremity function, daily activities, and the need for assistive devices to help achieve the highest level of independence possible.
28. Rest is the best known treatment for aching muscles. Moist heat, anti-inflammatory medication, and avoiding exertion are also helpful.
29. Physical therapy - heat, massage, joint mobilization, and stretching exercises - can help chronic lower back pain.
30. Change of gait pattern, such as using crutches, may be needed to prevent recurrence of lower back pain.
31. You **MUST** learn to conserve energy.
32. Even though you were once rehabilitated, you must be re-evaluated and taught new techniques to replace those that no longer work.
33. Body positioning during sleep is important for post-polios with severe weakness and postural joint deformities.
34. Those with marginal respiratory reserve at sea level should be prepared to use respiratory aid when travelling above 3,000 feet.
35. Everyone with respiratory insufficiency is advised to get flu vaccination according to Public Service guidelines and recommendations.

*Compiled by the Post Polio League.*

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