# Physiotherapy for post-polio patients as part of an interdisciplinary rehabilitation program







# Specialized hospital for polio and accident patients



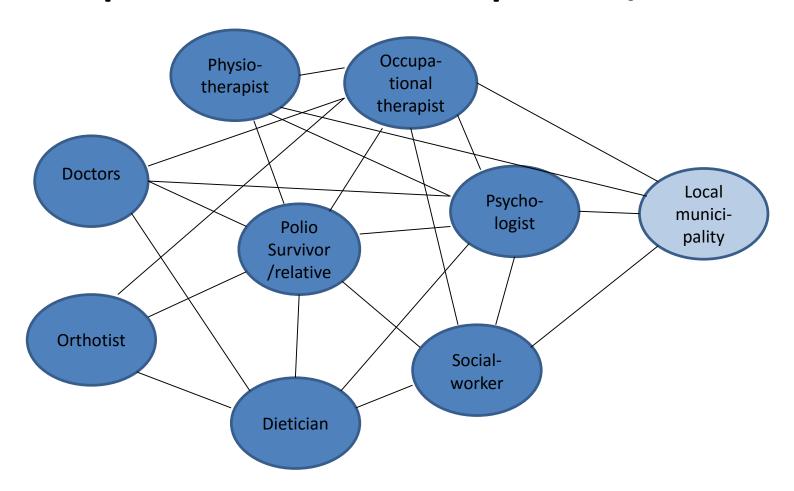
#### Out patient clinic for:

Polio patients
Spinal Cord Injury patients
Multi trauma patients

Patients from other parts of the country and from abroad can stay for 3 weeks



# Modern rehabilitation builds on collaboration between professionals and the patient /relatives





#### **Patient flow**

Doctor's assessment

Interdisciplinary interview with patient

Parallel treatment and councelling

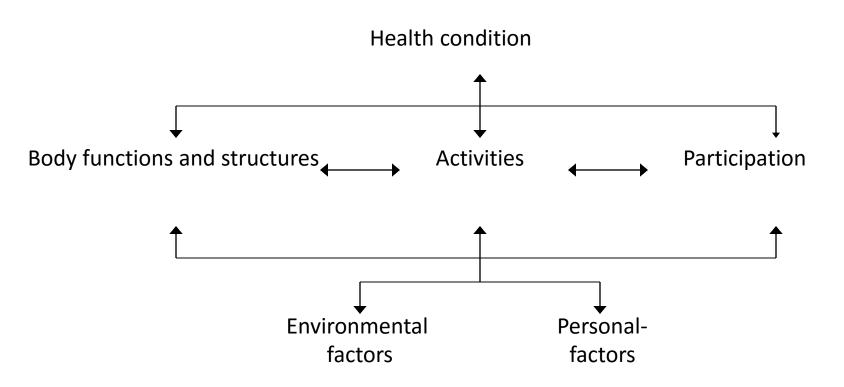
Physiotherapy Occupational therapy Socialworker Psychologist Orthotist Dietician

Cooperation along the way between team members

Evaluation conference with patient



#### **ICF** model



International Classification of Functioning, Disability and Health, ICF)



### Rehabilitation plan

Name:	Date: Date for evaluation:
Team members:	
Contact person:	
Description of patient's daily life including functional limitation	s:
What would the patient like to be able to do/participate in?	
Long term goal:	
Short term goal:	
Action plan:	

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# Physioterapy Recording patient's medical history

- Acute and stable phase of polio
- Muscle weakness now
- Fatigue and pain
- Functional limitations
- Assistive technology now and earlier in life
- Mobility and fall episodes
- Respiration, swallowing
- Voiding
- Life style (nutrition/activity level)
- Comorbidity
- Resources and limitations in activity and participation



**Check list** 



### Immigrants with polio



Leg length discrepancy Contractures Psycological problems Handling small children
Vocational problems
Accessibility at school or work
Language problems
Cultural differences



# **Diary of activities**

Activity:	Pain:	Fatigue:	Comments:
	0 10		
	ll 0 10		
	0 10		
	ll 0 10		



# MFI-20 Multidimensional Fatigue Inventory

A 20-item self-report instrument designed to measure fatigue

- General Fatigue
- Physical Fatigue
- Mental Fatigue
- Reduced Motivation
- Reduced Activity



Reference values are available



### Physical examination

- Analysis of posture, gait and seating (check callipers)
- Muscle problems (weakness, fatigue, tension, contracture)
- Joint problems (arthrosis, overuse problems, instability etc.)
- Respiration (Vital Capacity, thorax deformity and mobility)
- Neurologic examination (sensibility, reflexes, tonus)
- BMI = Weigt in kg/height x height in meter)
- Analysis of pain issues



### Pain types

**Post polio pain:** Pain in muscles affected by polio Aching, cramps, fasciculations

Overuse pain: Pain caused by overuse Pain in soft tissue, muscles, tendons, bursa and ligaments

#### **Biomechanical pain**

Degenerative joint disease, nerve compression, bad posture, low back pain

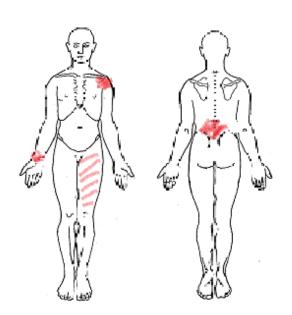
Source: Anne Gawne, MD



### Pain assessment

- VAS Visual Analoge Scale
- NRS Numeric Ranking Scale
- PDI Pain Disability Index

Drawing





#### **Tests**

Function: Timed Stands test

Timed Up and Go

Respiration: Vital capacity

Muscle strength: Manuel muscle testing

Balance: Bergs balance test

Figure of eight test

Tandem test

Walking: 6 min. walk test

10 meter walk test

Distance test

Cardio respiratory: Aastrands 6 minute cycling test

Borg 15 test





### Clinical reasoning

- What are the reasons for limitations and problems?
- What is the patient's opinion and experiences?
- What can be done?



 Intervention plan is made in cooperation with the patient (and relatives)



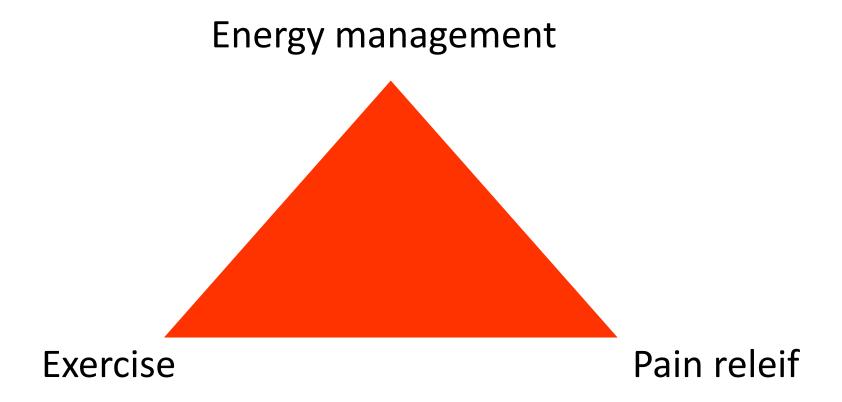
#### Polio education



- What is polio and PPS?
- Exercising principles
- Assistive technologies
- Psychological reactions
- Coping/energy management
- Exchange of experience



## Physiotherapy intervention





### **Energy management**

Change of work situation

Change of daily tasks at home

Prioritize tasks

Pacing / take breaks

Use assistive technologies

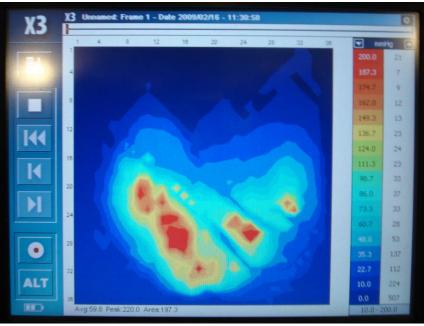
Use callipers and bandages





## **Evaluation af seating**





Measuring pressure in seating



#### **Pain treatment**

- Exercising/water exercising
- Acupuncture
- Laser therapy
- TNS
- Massage
- Heat
- Relaxation techniques
- Energy conservation/rest
- Bandages
- Technical aids
- Weight loss
- Medication
- Surgery
- Etc.





#### **Exercise**

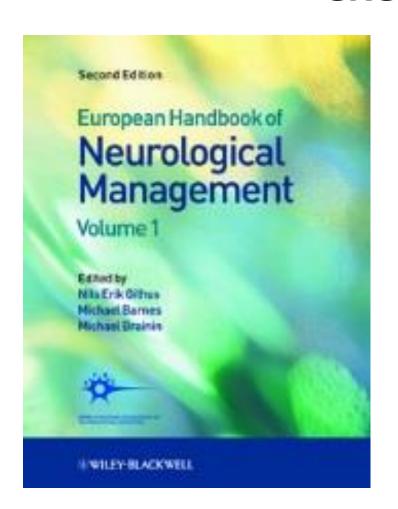
• Good or bad?

- Use it or lose it
- Conserve it to preserve it
- It depends......





# What do the European guidelines for post polio syndrome say about exercise?



Supervised muscular training, is a safe and effective way to prevent further decline of muscle and can even reduce symptoms of muscular fatigue, muscle weakness, and pain.

Precautions to avoid muscular overuse should be taken with intermittent breaks, periods of rest between series of exercises, and submaximal work load.



### Considerations before exercise program

Is new weakness due to overexertion or inactivity?

Overexertion: Technical aids /
 Energy management
 Maybe light exercise

 Inactivity: Exercise and increase activity level



Is muscle strength stable or unstable?



# Muscle status and exercise recommendations

Muscle status in actual muscle group	Muscle strength in actual muscle group	Exercise
No new weakness	Normal	No restrictions
No new weakness	Reduced	Short period of strength exercise (4 – 6 weeks)
New weakness	Reduced	Submaximal exercise
New weakness	Very reduced	Low intensive exercise
Large atrophy	Very reduced	No exercise

Source: MD Gunnar Grimby and PT Carin Willén, Sweden



# Principles for training endurance /strength for polio survivors:

- Low to moderate resistance+ many repetitions
- Slow progression
- Training in intervals
- Breaks in training session
- Avoid excessive pain and fatigue





# Principles for training cardio respiratory fitness for polio survivors:



Slow progression

Exercise feels "Somewhat hard" at Borg scale 11-14

Bicycling, swimming etc.

Exercise at 60 –70% of HRR (HR max – HR rest)+ HR rest

10-30 minutes depending on the condition

At least twice a week to maintain level



# Signs of too hard training:

- Excessive fatigue after exercising
- Excessive pain after exercising
- Fasciculation



#### **Recommendations:**

- •Exercise with less resistance (½)
- Decrease the number of repetitions
- Decrease the frequency of exercising
- Exercise in a different way
- More breaks

Maybe daily activities are enough exercising for the patient

Patient must respect the signs of the body



#### **Group training**

- General exercises
- Balance training
- Pilates
- Warm water exercising
- Relaxing group
- Cardio respiratory
- Special groups for muslim women



# Home exercise programme

- Dumbbells
- Nordic walking
- Thera bands





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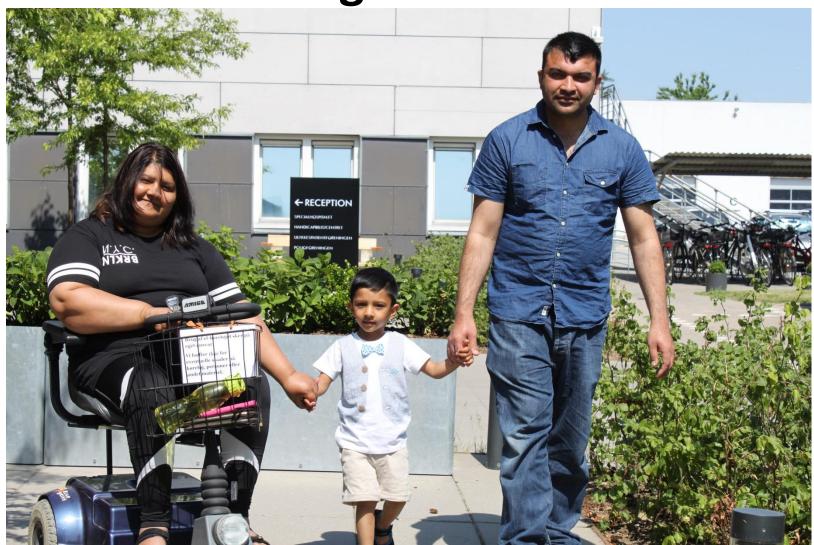
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Moving on...





# Thank you for your attention and participation



Any questions or comments?

