

# POST POLIO HISTORY FORM

ALLIED HEALTH  
2024-1 VERSION

POLIO AUSTRALIA INC.



CLIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ POST POLIO DIAGNOSIS \_\_\_\_\_

I WAS REFERRED BY \_\_\_\_\_

PRIMARY DOCTOR / GP \_\_\_\_\_

NEUROLOGIST \_\_\_\_\_

ALLIED HEALTH TEAM \_\_\_\_\_

CAREGIVER / ADVOCATE \_\_\_\_\_

## YOUR ACUTE POLIO HISTORY

YEAR & AGE OF INFECTION \_\_\_\_\_

WHERE I LIVED / GREW UP \_\_\_\_\_

DURATION HOSPITALISED \_\_\_\_\_ MONTHS / YEARS

MEMORY OF HOSPITAL CLEAR SOME NONE

PERCENT RECOVERY 0% -----100%

IRON LUNG USE \_\_\_\_\_

## BODY AREAS AFFECTED DURING ACUTE POLIO

- Left LEG     Right LEG     Pelvis / Hips     Neck  
 Left FOOT     Right FOOT     Abdomen     Upper Back  
 Left ARM     Right ARM     Chest     Lower Back  
 Left HAND     Right HAND     Bulbar \*     None of these

Other: \_\_\_\_\_

\* **Bulbar:** problems with speech, swallowing, breathing, getting too cold or hot, sleeping

## ACUTE POLIO EXPERIENCES

- Muscle paralysis     Viral/flu symptoms     Trauma or fear  
 Fatigue     Trouble breathing     Separation anxiety  
 Pain     Feeding tube use     Posture changes  
 Headaches     Tracheostomy     Education interrupted

Other: \_\_\_\_\_

## EARLY REHABILITATION CHARACTERISTICS

- Hospital     Splinting or casting     Limited limb growth  
 Home     Hot compress     Surgeries - legs  
 With sibling/s     Kenny Method     Surgeries - spine  
 Mostly alone     Pool/water therapy     Polio freely discussed

Other: \_\_\_\_\_  Polio a taboo subject

What long-term polio impairments have you adapted to or managed since your early rehabilitation?

### ABOUT THIS FORM

The polio-affected client fills out the left hand side of this form before any clinic evaluation.

Clinicians review the client's written input during the client interview, and use this right hand side's *Clinical Points* to guide their assessment, evaluation, and care planning.

See QR code for additional post polio info and link to the explainer video for this form.

### CLINICAL POINTS

Years since infection is a risk factor for post polio emergence and functional loss progression.

Country/region of acute polio can reveal care access and rehabilitation factors.

Acute hospitalisation is a risk factor for later developing post polio conditions.

Up to 1 in 4 hospitalised in epidemics have PTSD.

A greater extent of recovery is also a risk factor.

Iron lung use is a risk factor for later ventilation problems and for anaesthesia complications.

Ensure the experiences in these three sections relate to their acute polio experience and status.

Scattered and asymmetrical neuromuscular damage is a signature of polio. Sub-clinical damage occurred in those with paralysis and in those who "had no paralysis" but had viral symptoms (and may not have been hospitalised). *Obtain any known anatomical, motor, paralysis, and sensory details.*

Treatment and rehabilitation experiences were variable and resource-dependent during the polio epidemics. Clients may only be able to share what they were told at a later age by family members.

Items in these latter sections are known to have influenced personality traits, may be the source of healthcare anxieties, and may affect the tolerance of and set preferences within your plan of care for this person.

NOTE: *Discretion is required to avoid recall anxiety or trauma when discussing these details. Carefully monitor your client's emotional state.*

To access Polio Australia's Post Polio Education Navigator page, and watch explainer video, use this QR:



# POST POLIO HISTORY FORM



## BODY AREAS AFFECTED CURRENTLY - POST POLIO

Left LEG       Right LEG       Pelvis / Hips       Neck  
 Left FOOT       Right FOOT       Abdomen       Upper Back  
 Left ARM       Right ARM       Chest       Lower Back  
 Left HAND       Right HAND       Bulbar \*       Zero/No areas  
 Other: \_\_\_\_\_

## MY POST POLIO SYMPTOMS AND QUALITIES INCLUDE

TYPE (if not, leave blank)	How often?	How intense?	Does it change?
<input type="checkbox"/> Fatigue is interfering	_____	_____	_____
<input type="checkbox"/> Feeling weaker	_____	_____	_____
<input type="checkbox"/> Pain in muscles with use	_____	_____	_____
<input type="checkbox"/> Breathing difficulty (day)	_____	_____	_____
<input type="checkbox"/> Breathing difficulty (night)	_____	_____	_____
<input type="checkbox"/> Sleep difficulty	_____	_____	_____
<input type="checkbox"/> Swallowing difficulty	_____	_____	_____
<input type="checkbox"/> Cold or heat intolerance	_____	_____	_____
<input type="checkbox"/> Incontinence	_____	_____	_____
<input type="checkbox"/> Health anxiety or worry	_____	_____	_____
	How often?	How do you feel about this?	
<input type="checkbox"/> Loss of balance	_____	_____	
<input type="checkbox"/> Falling and fall injuries	_____	_____	
<input type="checkbox"/> Work or fun is limited	_____	_____	
<input type="checkbox"/> Problems with exercise	_____	_____	

## DESCRIBE ANY HELP YOU NEED OR DEVICES USED FOR...

Walking or wheeling \_\_\_\_\_  
 Transfers (chair, bed) \_\_\_\_\_  
 Transfers (on/off toilet) \_\_\_\_\_  
 Bathing (shower, bath) \_\_\_\_\_  
 Toileting (hygiene, clothing) \_\_\_\_\_  
 Grooming (hair, teeth, shave) \_\_\_\_\_  
 Dressing (shirt, pants, socks) \_\_\_\_\_  
 Eating or drinking \_\_\_\_\_  
 Meal preparation \_\_\_\_\_

## LIVING ARRANGEMENTS

House, with \_\_\_ levels/floors  
 Unit, with \_\_\_ stairs, or elevator  
 Care home or Retirement village  
 Flat or private room  
 Public housing  
 Homeless  
 Other: \_\_\_\_\_

## INDEPENDENCE LEVELS

No help routinely needed from anyone  
 Helped on \_\_\_ days by family/friends  
 Helped on \_\_\_ days by a paid carer  
 I require routine help full time (daily)  
 Who I live with \_\_\_\_\_  
 I have and drive a vehicle  
 I work part or full time

## WHAT POST POLIO GOALS DO YOU HAVE?

## CLINICAL POINTS

**Ensure the experiences on this page relate to their current post polio experience and status.**

The BODY AREAS current list may have more areas selected than the acute list, suggesting emergence of previously sub-clinical impairments. Consider aspects that are well-adopted (suppressed by client) or invisible.

**Responses here are succinct and open-ended. Code for as needed using Body Areas initials. Explore additional details during client interview.**

**How often?** Outliers or patterns in this column may guide your plan of care and/or referrals. Consider any 'rollercoaster' patterns, suggesting 'overuse' i.e. beyond their body capacities/abilities. Challenge the precision of terms such as 'always' or 'constant'.

**How Intense?** Responses should indicate a degree for symptoms and qualities. A scale may be used (i.e. 0-10), or a continuum of terms used (none - mild - moderate - severe etc). Align with your practice.

**Does it change? (How variable?)** For any item that changes, discern what helps versus worsens the item. Reports of failed interventions should be examined.

Overall presentation and/or specific aspects of a post polio client's presentation may be highly variable. Discern how specific symptoms and qualities relate to any functional impairments the client reports. Contrast to client's comorbidities. Use your clinic's pain sheet.

Utilise standard measures to further assess TYPE. Consider using these post polio specific measures:

- Post Polio Quality of Life (PPQoL)
- Index of Post Polio Sequelae (IPPS)
- Post Polio Fatigue Scale (PPFS)

**These last sections act as indications of the client's current function, and for any referrals, support services and/or equipment reassessment.**

Appreciate that new changes are often viewed as a threat to long-term function by those with post polio. Obtain consistency and reliability details regarding ADL/iADL/function. Your client may not have resolved their acute polio and early rehabilitation experiences. Their ability to cope with new changes may be poor or strained - consider a referral to counselling.

### Educate your client (health literacy):

- Safe and reliable function is the priority
- Maintaining existing function is a primary goal
- Post polio conditions are progressive and chronic
- Modifications to 'their ways' are likely necessary
- Future-oriented coping strategies need to be established; this includes mental health
- Sustaining purpose and participation is vital

**Do not assume polio or post polio is central to a client's identity.** While 'polio survivor' is commonly used, ask your client for a term they prefer. The term 'someone who contracted polio' is perceived well in this population, and is person and ability-oriented.

## DESCRIBE A TYPICAL DAY FOR YOU