

Living with post-polio syndrome

Living with post-polio syndrome and managing your symptoms is based on lifestyle change, physiotherapy, specialized training programs and avoiding secondary disease complications (obesity, heart disease, chronic diabetes, etc.). Health professionals recommend several rehabilitation-based practices.

It is important to talk with your healthcare professionals and help them understand the symptoms you are experiencing and work together to find therapies and lifestyle changes that work for you. Below is an outline of the most current practices, as found in published medical research articles.

Management of fatigue, pacing and lifestyle modifications

- Periods of rest to conserve energy and simplifying movements are suggested to maintain energy levels and reduce the onset or aggravation of symptoms
- General balance of healthy lifestyle habits, balanced diet, weight control, physical activity, proper sleep habits, adaptation to assistive devices and modifying daily activities to manage fatigue are recommended

Exercise and physical activity

- Non-fatiguing exercises can improve muscle strength, prevent fatigue and help prevent the further decrease of functioning.
- Different types of exercises can include:
 - Isokinetic (exercises at a constant speed)
 - Isometric (strength training exercises that are held in static position)
 - Endurance muscle training
- Programs must avoid overuse of affected muscles, leave sufficient rest periods between intervals, and train every-other day.
- Non-fatiguing exercises that have short duration and minimal applied workload are suggested.
- There is some evidence that supports training in warmer result in longer-lasting effects
- Water exercises (not swimming), especially performed in warm water, have been proven to reduce stress on joints and are a good alternative.

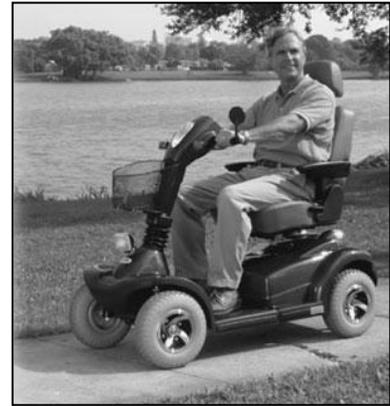


Social Support

- Sharing your experiences with other polio survivors creates a sense of belonging, understanding, helps to prevent isolation and depression. Connect with one of our peer support groups or talk to a fellow survivor on the phone.

Bracing, orthoses and assistive devices

- It is recommended that use of lightweight carbon orthoses (braces) can improve function in polio-affected limbs, especially while walking
- Use of mobility devices, such as motorized wheelchairs and scooters, are great ways to help polio survivors pace while still living an active life.



Respiration and vocal changes

- Many polio survivors acquire respiration difficulties
- Respirators (intermittent positive pressure ventilation or biphasic positive pressure ventilators) are often recommended
- Speech therapy and laryngeal muscle training may improve vocal cords

Pharmological investigations

There have been some small-scale studies conducted since post polio syndrome was first being investigated looking at the use of different anti-inflammatory treatment; however, results have not shown any conclusive benefits of the drug therapy. Studies have included investigation of prednisone, pyridostigmine, Intravenous immunoglobulin (IVIg) and coenzyme Q10 have been studied in limited researches and success has been modest. More research must be undertaken to find the long-term effects of different pharmacological interventions for survivors with post polio syndrome.^{iiiiiv}

Alternative and complementary therapies

There are several alternative therapies that polio survivors have found success practicing in order to manage their symptoms.

ⁱ Farbu E. *Update on current and emerging treatment options for post-polio syndrome*. Neurocenter and National Competence Center for Movement Disorders, Stavanger University Hospital, Stavanger, Norway. *Therapeutics and Clinical Risk Management* 2010;6 307-313

ⁱⁱ Julie Silver M.D., *Post-Polio Syndrome: A Guide for Polio Survivors and Their Families*. Julie Silver M.D.; 2001, Yale University

ⁱⁱⁱ Tiffreau V. et al. Post-polio syndrome and rehabilitation. *Annals of Physical and Rehabilitation Medicine* 52(2010) p.42-50)

^{iv} Boyer, F.C. et al. Post-polio syndrome: Pathophysiological hypotheses, diagnosis criteria, medication therapeutics. *Annals of Physical and Rehabilitation Medicine*. (2010) 34-41.