



PSV News

POLIO SERVICES VICTORIA

A Department of Human Services Program
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P O L I O
S E R V I C E S
V I C T O R I A

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PSV Hotline Toll Free 1800 030 324

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PSV TEAM 2001

Chris Graven and Louise King
Physiotherapists and service coordinators

Dr Genevieve Kennedy
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Darren Pereira
Orthotist/Prosthetist

Jenny Wilson
Occupational Therapist

PSV CLINICS

Metropolitan

Clinics are held most Tuesday or Wednesday afternoons at St. Vincent's Hospital. We recommend that everyone is reviewed in clinic every 12 months. If you know you haven't seen us in the last year, call us for an appointment.

Regional

This year we plan to hold six regional clinics. We attended The Queen Elizabeth Centre in Ballarat on February 28th. On April 11th we went down to the Mornington Peninsula where we held a clinic at the Rosebud Community Health Centre. We held a very busy clinic at The Wangaratta District Base Hospital, and most recently we conducted a clinic in Mildura.

For each regional clinic we hold we invite along some of the local service providers, such as physiotherapists and orthotists. They are invited to attend the clinic in order to form a network of specialised individuals who will be involved in providing local ongoing support and care. So far the feedback has been positive from both the clinicians and the patients and we plan to continue this for future clinics.

Later this year we plan to go to Traralgon in October and Warnambool in December. Anyone interested in a clinic appointment at one of these clinics is encouraged to let PSV staff know as soon as possible to allow us to accommodate everyone.

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PSV SERVICES AND EMERGENCIES

PSV provides a number of services including:

- Specialist medical and allied health assessments for people who have had polio.
- Access to specialist medical investigations and other services at St Vincent's Hospital Melbourne.
- Direct service provision, either out-patient or home based, such as physiotherapy, where feasible.
- Education of local community health providers regarding management and treatment issues.
- Assistance with the provision of aids and equipment.
- Information and advice for both people who have had polio, and community service providers.

All of these services are provided either directly or by prearranged appointments. PSV does not however provide any emergency services. In the event of an emergency it is important to have a plan of action. If it is a police, fire or medical emergency dial 000, remain calm and ask for the appropriate service. Do not hang up, speak clearly and give details as required.

For any other foreseeable emergency such as a broken caliper or flat wheelchair battery it is a good idea to have a pre-prepared plan of action. This action plan should include what you will do immediately to ensure that you are safe, and also what you need to do to fix the problem in the long term. PSV is able to offer advice in these situations, but should not necessarily be thought of as the primary solution.

NONPARALYTIC POLIO AND POSTPOLIO SYNDROME (PPS)

You may have noticed recent media articles about PPS occurring in people who have had nonparalytic polio. There is general consensus that there are late effects arising 10-40 years after acute paralytic polio. The incidence of PPS has not been established, but estimates vary from 25 to 70 percent of survivors. A confirmed history of paralytic polio is one of the criteria used for diagnosis of PPS.

There are now case reports appearing in the medical literature of people presenting with symptoms of PPS who do not have a history of paralytic polio. It is argued that in acute nonparalytic polio damage to the nervous system could be as severe as in paralytic cases. This damage may be sufficient to cause PPS symptoms in later life. There is currently no agreement about the possibility of PPS occurring in this population, and it remains a topic for discussion and further research.

Systematic studies will need to be undertaken to assess whether PPS can be identified in nonparalytic polio populations. In the meantime, because there is no single objective test to confirm a diagnosis of PPS, all people presenting with symptoms should have a thorough work-up to exclude other causes.

PSV Clients

PSV is an assessment and treatment planning service available for all people who have had polio. Whilst many of our clients do have problems due to PPS, a considerable number of clients are seen for other reasons such as orthotic review, or simply for a periodic review of management. If you have any issues relating to your history of polio that you would like to discuss or review, please feel free to contact us.

FATIGUE RESEARCH

Currently research is being undertaken in a collaboration between LaTrobe University, School of Occupational Therapy and Polio Services Victoria. This research aims to determine how fatigue is experienced by people with a history of polio and how fatigue impacts on their daily life. The results from the research will lead to a greater understanding of fatigue and guide the therapists at Polio Services Victoria in their interventions related to the symptom of fatigue.

The research team is made up of Kristine Bland and Janet Fricke from LaTrobe University and Jenny Wilson and Chris Graven from Polio Services Victoria. The project is entitled "Is there a relationship between fatigue experienced by clients with a history of Polio and social, cognitive and physical function?"

To investigate fatigue a questionnaire called the Fatigue Impact Scale was used. This questionnaire has been found to be effective in assessing fatigue in people with Multiple Sclerosis and part of this project aims to determine if this questionnaire can be used for assessing fatigue in people with a history of polio. The questionnaire involves the person indicating their level of agreement with 40 statements concerning fatigue and its impact on physical, cognitive and social health.

Forty six people have been involved as participants in the research. We would like to thank them for their time and commitment in completing the questionnaires. Results so far are very encouraging, and have shown that the Fatigue Impact Scale is an appropriate questionnaire to use for assessing fatigue in people with a history of polio.

In addition preliminary results have shown that people with a history of polio are easily fatigued physically, and this fatigue does interfere with everyday life. However 45% of participants responded that fatigue is not their most disabling condition with many participants being positive about their lifestyle and reporting that they are able to manage fatigue through successful strategies. This enables many people to continue to exercise, with 75% of participants reporting that they exercise regularly.

It is intended that this research be one of the first steps towards increasing the knowledge and therefore the resources on how to treat polio related fatigue, so that people experiencing fatigue will be able to continue to participate in the activities that are important and meaningful to them.

Kristine Bland
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HYDROTHERAPY

Many people who have a history of polio enjoy partaking in hydrotherapy (water exercise). In water, the body is simultaneously acted upon by two forces - gravity, downthrust, and buoyancy, upthrust. Therefore, much of a person's body weight can be supported in water, depending on the depth. This provides a medium to allow movements that are often not possible on land

Exercising in water can provide many therapeutic effects, such as:

- reduction of pain and muscle spasm
- maintenance/improvement in joint range of motion
- maintenance or sometimes improvement in muscle strength
- enhancement of circulation
- encouragement of functional activities
- maintenance/improvement of balance and co-ordination

There are some pools that have been specifically designed for hydrotherapy, and it is important to take into account several considerations when choosing a pool in which to perform exercises:

Pool Access This is often the main barrier to participation in hydrotherapy. If possible, you may need to visit several pools before you find one that has suitable access for your particular level of function (including wheelchair access if required).

Some criteria to consider:

- car parking and access to the centre
- change-room facilities - showers, toilets, dressing area
- proximity of the change-rooms to poolside
- pool surrounds (slippery floors, equipment, assistance available, how busy the centre is at certain times)
- access into the pool - ladder, steps, hoist
- size, shape, and depth of the pool

Temperature Most specialised hydrotherapy pools have their temperature set at a higher level than a general lap pool (often between 32°C and 35°C). It is important to note that your ability to lose heat and regulate temperature is impaired when you are exercising in heated water - so make sure that you do not stay in the pool for too long, and that you have a drink of water after you finish your session.

Many hydrotherapy pools are used by various community health groups (such as local Community Health Centres, Arthritis Victoria, and self-help groups etc.). Most pools have time set aside when people can perform their own hydrotherapy program at their own pace. Some of the centres also have associated physiotherapists who offer consultations and exercise sessions (both group and individual).

It is often advisable to discuss your intention to participate in water exercises with your physiotherapist or doctor - as precautions are required with certain medical conditions and medications. The hydrostatic pressure that is applied to the body when it is immersed in water tends to direct much of the peripheral circulation centrally. Also, hydrostatic pressure can increase the work of breathing due to pressure on the chest wall. Conditions such as peripheral vascular disease, heart disease, blood pressure problems, and respiratory problems (eg. Asthma, emphysema) need to be monitored. Sometimes severe medical conditions prevent participation in hydrotherapy. Any open wounds should be well covered with a waterproof dressing, or avoid hydrotherapy until they are healed. Be aware that tinea pedis also known as Athlete's Foot is a fungal skin infection that is often prevalent at public pools. If possible, wear a pair of thongs around the pool environs and in the shower area.

Hydrotherapy is suitable for many people who have had a history of polio, but some people will find that the effort required to gain access to the pool centre, change clothes, perform water exercises, shower, get dressed, and get back home consumes a lot of energy!! Pace yourself, watch your fatigue levels, and enjoy the movement experience!