



# PSV News

## POLIO SERVICES VICTORIA

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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 TEAM 2004

#### CATHY WHITE

Service Coordinator and  
Physiotherapist

#### DR GENEVIEVE KENNEDY

Consultant in Rehabilitation Medicine

#### DARREN PEREIRA

Orthotist/Prosthetist

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Occupational Therapist

### IN THIS ISSUE

- ◆ PSV Clinics
- ◆ Osteoarthritis
- ◆ Acupuncture Pilot Study

### ACUPUNCTURE PILOT STUDY

As you may recall, our last newsletter called for volunteers to participate in a pilot study investigating the effect of acupuncture on polio-related fatigue.

The response to this request was overwhelming, with many people kindly volunteering their time and energy towards this project. Dr Lee Yen Lee is currently compiling and analysing the results from the trial, and hopes to communicate these in the next PSV newsletter. We also hope to formally publish the results in 2005.

Participation included 10 visits to metropolitan Melbourne, which is no small undertaking, so we would like to sincerely thank-you all for your support and interest in this project.

### PSV CLINICS

#### Regional Clinics

Each year a clinic is run in each of the major regional districts, including Hume, Grampians, Gippsland, Loddon-Mallee and Barwon South-West. Additional clinics are also scheduled for the Mornington Peninsula region.

These clinics are an opportunity for regional PSV clients to be reviewed by the PSV team, or to attend for initial assessment. We are very happy to offer advice or assessment for any issues relating to your polio, so when you receive an invitation to your local clinic, please don't hesitate to call for an appointment.

PSV always prioritises appointments on the basis of need; therefore you need not feel that your attendance may prevent other people from attending the clinic.

Invitations to clients living in the district are sent approximately a month before each clinic. However, if you are interested in attending a metropolitan or regional clinic please contact PSV anytime.

#### 2004 Regional Clinics

This year PSV has held full clinic days at Leongatha, Swan Hill and Bendigo. The final clinic for the year will be held in Bairnsdale on December 10<sup>th</sup>.

#### 2005 Regional Clinics

Wangarratta	February 2 <sup>nd</sup>
Rosebud	April 6 <sup>th</sup>
Warrnambool	June 1 <sup>st</sup>
Mildura	August 3 <sup>rd</sup>
Ballarat	October 5 <sup>th</sup>
Traralgon	December 7 <sup>th</sup>

### Metropolitan Clinics

Clinics are held most Tuesday afternoons at St Vincent's Hospital, Melbourne. We recommend that everyone be reviewed by PSV at a clinic, or over the telephone, every twelve months.

### OSTEOARTHRITIS

#### What Is It?

Osteoarthritis (OA) is a chronic degenerative disorder of joints, resulting in breakdown of joint surfaces. It is the most common musculoskeletal disorder affecting Australians and the leading cause of pain and disability.

OA causes joints to become stiff and painful, and is typically worse with weight bearing and activity. For example, OA of the knees is generally more painful when standing or walking, than when sitting or lying down.

Osteoarthritis is a very different condition to osteoporosis, which refers to bones becoming more brittle and less dense.

#### Who Is Likely to Get OA?

Lots of research has been completed in this area, and many factors that increase the risk of getting OA have been identified. Of particular relevance to post-polios is an increased risk of OA with joint injury, joint overuse and obesity.

There is no cure for OA, and therefore effective management initially aims to reduce these individual risk factors.

This can include weight loss or may be done by using walking aids or orthotics to reduce overload of joints, or repetitive joint injury. For example:

- ◆ Polio-related muscle weakness can result in walking with bowed or knocked-knees. In some cases, bracing effectively straightens the knee, reducing repeated injury to the knee, and therefore the risk of developing OA.
- ◆ For patients with hip weakness, walking can often involve excessive side-to-side movement of the trunk. This excessive trunk movement puts pressure on the lower back, causing repeated joint injury and an increased risk of OA. Using a walking stick significantly reduces trunk movement, therefore reducing risk of lower back OA.
- ◆ For those with significant weakness in one leg, a lifetime of favouring the "good" or "non-affected" leg increases the load on this "non-affected" leg. This results in joint overuse and can lead to OA. In some cases, treatment will involve orthotic management of the polio-affected leg, to try and reduce the load on the "non-affected" leg.

#### How is Osteoarthritis Managed?

Management is aimed at reducing the pain, maintaining joint movement and stability, and maximising function.

- ◆ **Weight loss** is an important management strategy, although can be difficult for those whose mobility (& therefore exercise capacity) is limited.
- ◆ **Exercise** can increase joint stability by increasing muscle strength around affected joints, and has positive benefits with regard to self esteem and weight reduction. The type of exercise program will depend on the joint(s) involved, and should be individually tailored by a physiotherapist.
- ◆ A number of **medications** can be used to manage OA. Paracetamol (panadol) should be used initially. It is safe and can be effective if taken at regular intervals. The total daily dose should not exceed 4 g (8 tablets).

Consult your doctor before taking paracetamol if you have problems with your liver. Glucosamine and chondroitin are available without prescription, and evidence indicates that they have an effect in reducing pain in mild and moderate OA.

- ◆ **Non-Steroidal-Anti-Inflammatory-Drugs (NSAIDs)** e.g. indomethacin and ibuprofen should only be used if paracetamol does not provide adequate pain relief. There are different classes of NSAID's, and although they all have the same degree of effectiveness, the side effects are not equivalent. Some NSAID's can be purchased without a prescription, but it is advisable to consult your doctor before using these medications.
- ◆ If pain and disability cannot be controlled with medication, **joint replacement surgery** may be an option. This is a very effective treatment, but requires good muscle strength around the joint in order for the surgery to be successful. **Many people who have had polio are able to undergo joint replacement surgery with a very good outcome.** The recovery period may be longer, and specialist rehabilitation may be required to obtain the maximum benefit from surgery.
- ◆ The Arthritis Foundation of Australia runs a number of **self-help programs** that have been shown to have benefit in reducing pain and disability.

If you are concerned about your risk of developing osteoarthritis, or wish to better control your symptoms, a preliminary discussion with your GP is advised. The PSV team can also assist in risk factor modification such as prescribing walking aids or discussing orthotic options.

Source: *Medical Journal of Australia: Vol 180, March 2004*

#### HOW DO YOU FEEL ABOUT YOUR ORTHOSIS (CALIPER)?

Approximately 200 polio clients attend the Prosthetic & Orthotic Department at St. Vincent's for their orthotic management. This year, Darren Pereira and his team decided to get some specific feedback from polio clients about their orthotic needs and the service they had received.

In particular, we were interested to find out what people thought about their new laminated style of orthosis. An anonymous survey was sent to polio clients who wear full or half leg orthosis. 68 surveys were returned.

Some interesting results included:

- ◆ 47% patients have worn orthoses for more than 10 years. Before management at St. Vincent's/PSV: 24% were in plastic style bracing, 30% metal style.
- ◆ Currently 84% wearing new laminated style orthosis
- ◆ 90% patients are still wearing their new orthosis.

Opinions on the laminated style orthoses:

- ◆ 76% found them more **supportive** than the old orthosis, 23% the same, 1% less supportive.
- ◆ 62% found them more **comfortable**, 26% the same, 12% less comfortable

These results are diverse, although generally people appear to be very happy with the laminated style of orthosis.

Most importantly, the feedback generated through the satisfaction survey will be utilised to improve our service. If you have any queries regarding Orthotic management, or are having difficulties with your orthosis please feel free to contact Darren Pereira on 9288 3838. We really value honest feedback, and without it can't work to improve our service!



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