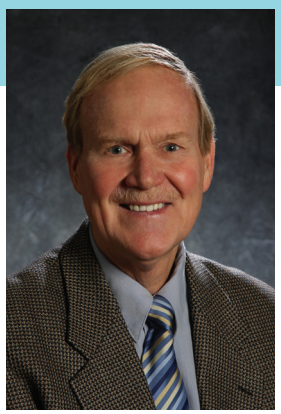

Frederick M. Maynard, MD

Ask Dr. Maynard

Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: *Thank you for the help you have given me in the past. I'm a 79-year-old male who developed polio at the age of four. I was in an iron lung for several weeks then treated at home with Sister Kenny's hot baths and massage. My left leg was paralyzed but improved over the years to a point that I could walk with a dropped foot and limp. At around 45 years of age, leg weakness set in and I was diagnosed with post-polio syndrome. I went from a cane to crutches to a walker and now to a mobility scooter. I spend about 98% of the day on the scooter and can walk with the walker for about ten feet before fatigue sets in. When I walk, I drag both my leg and foot.*

I have seen neurologists and orthopedic surgeons and was just referred for ankle fusion surgery to alleviate the dropped foot and tendon and ligament damage. That will, of course, require a long recovery period and the possible side effects. Aside from controlled high blood pressure and bullous pemphigoid l am in pretty good health.

Based on the above, do you believe that an ankle fusion is a good option for me?

Dr. Maynard: I am sorry to learn that you are still struggling. I would recommend against doing an ankle fusion because it would potentially only solve one of your problems that are making walking so difficult and energy-consuming for you. Additionally, there are other easier and completely safe alternatives to ankle fusion, such as a fairly rigid plastic AFO brace, perhaps with some movement allowed, which would likely do the same thing as a fusion for helping your walking. And, I agree with you that the post-op recovery period may well be long and arduous with additional surgical risks not insignificant. All of these considerations make an ankle fusion rank poor on a risk/benefit ratio evaluation.

Your continuation of using a scooter for almost all mobility and doing regular "therapeutic exercise" short-distance walking for general health, and for the continued ability to do essential short distance upright walking occasionally as the need arises may be your better options for good physical and emotional/social health. If the independent "therapeutic walking" option requires you to need a little coaching from a PT and consideration of an AFO, ask your primary physician or your rehab physician for a referral.

Question: *I fell nine weeks ago, breaking my distal femur and patella and spraining my distal ACL. A physical therapist comes to my home every week. X-rays show my bones are healing well. This week I'm working on starting to walk stairs, but it's extremely difficult because of my kneecap. I believe the PT is being cautious, knowing about my post-polio condition. I'm taking small steps with a walker, but I feel my kneecap is very unstable. Is this typical for others (not just those with prior polio) with this type of injury? I am 68 years old. I've walked normally in the past (with a limp). At this time, my primary doctor, orthopedic doctor and my PT are positive I'll be walking again.*

Right now, I'm concerned about my future. What is your opinion? Do you think I could strengthen my kneecap again? Should I give it more time for healing? I was so

used to walking without help. Polio affected my right leg and left arm, so I can't use crutches and even using a walker is a bit of a challenge.

Dr. Maynard: The key to the recovery of your ability to walk will be the strength of your quadriceps muscle, the large thigh muscle which attaches to the kneecap and produces straightening and stability of the knee. It is always a long and slow process to re-strengthen the quadriceps after a distal femur fracture, and it is even harder in a polio survivor with any involvement of that muscle from polio. If you have always limped from a weak right quadriceps, you will definitely have a long, slow recovery of strength and may never get back to your pre-fracture level of strength in that leg.

Therefore, I would strongly encourage you to be evaluated and followed through your recovery by a Physical Medicine and Rehabilitation physician who can collaborate with your physical therapist and orthopedic surgeon on the intensity and other details of your recovery rehab program. You will likely benefit from some type of orthotic device and walking aides when your fracture has healed sufficiently to begin safe weight-bearing on the fractured femur. The physiatrist's input and expertise will be important to decide the detail of bracing and walking aides, the intensity and progression of exercises, and when to reduce/eliminate the bracing and walking aides.

At only nine weeks post-fracture, it is way too early to be hopeless about walking again. It will take you a minimum of one year to work your way toward maximum possible recovery of strength and, consequently, of walking ability. It would be ideal if you could have your rehab evaluation performed by a post-polio expert, such as one listed in PHI's *Post-Polio Directory*. Otherwise your nearest PM&R provider who is experienced with neurologic and orthopedic rehabilitation should prove adequate. The referral should be for "Evaluation for and supervision of a rehabilitation program to recover walking ability after a femur fracture in a post-polio involved leg." ■

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