



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/living-with-polio/articles-post-polio-health#AskDrMaynard

Question: *I am going to have a heart stress test. Is it dangerous for a 72-year-old polio survivor who has some breathing problems to do so?*

Dr. Maynard: A Stress Test does involve some risks, but they are minimized by medical professionals trained and equipped to handle cardiac arrests and arrhythmia should they occur. I am unaware of evidence to say the risks are higher for those with breathing impairments or for polio survivors in general. In fact, risks may be lowered because muscle weakness limitations or breathing limitations may make it more difficult for the person being tested to reach a level of work to 'stress' the heart to its maximum. This issue limits the reliability of Stress Tests but not their risks.

The most important thing for you is to have an opportunity to explain any of your unique post-polio limitations in performing the exercise maneuvers that will be used for the Test and for you to not be pushed beyond your limits. While this may limit the value of the test results from the cardiology doctor's perspective, it will at least keep you safe from an iatrogenic new problem. And there are other ways to assess heart issues of concern.

I hope it all works out for you.

Question: *I'm a 69-year-old male who contracted polio in the early 1950s. My right arm was totally paralyzed from contracting polio. I was diagnosed with PPS about nine years ago. During the diagnosis, I was told that my left arm had serious muscle weakness. At the time, the doctor said my deltoid muscle was roughly 40%. When my primary doctor learned I had problems previously having a flu vaccine administered, he advised me to have my next flu vaccine administered in my thigh. When I requested this, I was told their guidelines strictly state that the vaccine can only be administered in the deltoid muscle of either arm.*

Since then the manufacturers of both my flu vaccine and my pneumonia two-dose vaccine have changed their administration procedures to allow the shots to be administered in the thigh.

The problem I now face is that both Pfizer and Moderna state in their administration protocol that their vaccines are to be administered in the deltoid muscle only.

Not wanting to be faced with the possibility of scheduling an appointment for the vaccine, going to receive it, and then being told I can't get it in my thigh, I have tried calling both vaccine manufacturers but was not able to speak to anyone helpful.

Can you help me with this? Surely there are others who face the same dilemma. Can you delve into this? The thought of not being able to receive the COVID-19 vaccine has my wife and me quite worried. I would greatly appreciate your assistance.

Dr. Maynard: I totally understand your frustration which reflects the difficulty our heavily-regulated health care system has for making simple and appropriate exceptions to usual procedures for people with unique disabling conditions. Vaccines do need to be given intramuscularly but any bulky muscle can be used. I would think the same steps that led to a change in administrative procedures for the other vaccines you mention will need to again occur for the new COVID vaccines. This will of course take

a lot of time unless someone in a high-up position learns of it and is willing and able to take action.

In the meantime, I would recommend you try to receive the vaccine through your primary physician, who would have the authority to prescribe the vaccine and its delivery method, including location of the injection by simply stating the reason an alternative site is necessary and why the vaccine is urgently needed. This should be no different than physicians prescribing other medications for “off-label indications” (which come from the manufacturer, usually large pharmaceutical companies who must seek FDA approval for their liability protection). ■

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