



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: *I am a polio survivor, age 76, in good health, active, and still working as an RN (not in hospital). I suspect I might have had COVID-19 in late January, with mild symptoms lasting only a few days—no fever but felt weak, fatigued, had a mild sore throat and a dry cough at the end. I was surprised since I rarely get a cold or flu. What I most remember is that my joints and muscles were very sore and achy which made me think this is what arthritis would feel like.*

I didn't think much about it then, but I still have pain and some joint stiffness in specific areas: my right shoulder and surrounding muscles, my left hip, adductor muscle, and maybe inguinal ligament, all worse at night and early morning. I use infrared heating which helps some and exercise regularly, but it's still there. Some days are better than others. I avoid ibuprofen but two Tylenol at bedtime lets me sleep.

Could this be associated with post-polio in the muscles that might have been affected initially but were without symptoms or loss of function? When Dr. Stanley Yarnell did an EMG in 2001, he found areas in my upper arms and my left leg that were affected. My right leg was the primary location of weakness and loss of function, and all the other areas were asymptomatic and have remained so.

Given the ongoing stress and pain I'm having (I'm unable to do my yoga stretches due to tightness in these areas), it occurred to me that perhaps these areas had been affected by the virus. There's no way of knowing at this time if I had it or not because of lack of PCR or antibody testing. But I'd like to hear your thoughts.

Dr. Maynard: Thank you for your timely inquiry. At the present PHI has heard very few reports of polio survivors developing COVID-19. We remain concerned because many polio survivors are in a high-risk group for this pandemic viral infection because of older age and co-morbidities (e.g., ventilatory impairments, hypertension, obesity, etc.) even though a history of having polio does not directly make them more vulnerable. Please see "Coronavirus (COVID-19) and Polio Survivors" on page 2.

Regarding your question of continuing new muscle pains after your likely viral infection in January, possibly due to mild COVID-19, this is a possibility. Severe viral infections with marked flu-like aching and fatigue can be followed by persistent muscle aching and fatigue that is similar to Chronic Fatigue Syndrome and Fibromyalgia. The similarities between PPS and these other post-viral conditions was first reported as early as 1987 at the Second Research Symposium on the Late Effects of Polio held at Georgia Warm Springs.¹

Given that medical reports of people with symptomatic COVID-19 almost always report severe muscle aching associated with fever and dry cough, I would think it likely that some survivors will have persistent muscle aching afterwards. A polio survivor who develops COVID-19 may be at higher risk for this persistent symptom. Recommended treatment of this symptom would be the same as for those with Fibromyalgia: exercise, gentle stretching and localized techniques of heat, massage and applied counterirritant

creams. You should be expected to improve slowly over time. I would also refer you to a discussion of this topic in a book chapter that can be found on Polio Place (www.polioplace.org/resources/postpolio-syndrome).² ■

1. J. J. Monroe, R. Choy, M. Loveday, The Post Viral Syndrome and Polio Study: Long-term Effects of Viral Disease. In Halstead LS and Weichers DO (eds). *Research and Clinical Aspects of the Late Effects of Polio*, White Plains NY, MOD Birth Defects Foundation, 1987, pp 183-187.

2. FM Maynard and AC Gawne, Joint and Muscle Pain. In Silver JS and Gawne AC, *Postpolio Syndrome*, Hanley and Belfus, pp 61 to 75.

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