

POLIO NETWORK NEWS

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PART II

Becoming an Intelligent Consumer of Physical Therapy Services

Marianne T. Weiss, P.T., Canton, Ohio

The following completes the comprehensive article begun in the Winter issue of *Polio Network News* (Vol. 9, No. 1).

Marianne T. Weiss, P.T., received her Bachelor of Science degree in physical therapy from The Ohio State University in 1977.

Marianne's interest in polio began when she was 11 after watching *Sunrise at Campobello*, a movie about Franklin D. Roosevelt. She consequently read every book available about FDR and polio, and she decided at age 14 to be a physical therapist. A family friend, who had polio, was the first person she had ever met with a disability. She credits him with teaching her how to react and interact with people with disabilities.

In 1981, while the director of the physical therapist assistant program at Stark Technical College in Canton, Ohio, she invited the local symphony director, a polio survivor, to speak to her students about life with a disability. He became her first patient with post-polio related problems.

Today, Marianne is in private practice and can be contacted at Community Physical Therapy, 4176 Holiday St., N.W., Canton, OH 44718-2532 (216/493-7700).

Marianne's article is based on her years of experience and on both the medical and lay literature. For a copy of her bibliography, send a business-size envelope with 52¢ postage to International Polio Network.

Strength

EVALUATION. Close, specific testing of the strength of each muscle is important. Gross testing of muscle groups is not appropriate in polio survivors. Specific testing is necessary because a hallmark of polio was the fact that it skipped about the body in seemingly random fashion, affecting parts of a muscle here and parts of a muscle there, sparing parts of muscle here and sparing parts of muscles there. I know of no other testing protocol other than that advocated by Florence P. Kendall, P.T., that is adequate to test polio survivors. Survivors and professionals may be referred to the 1983 third edition of Kendall's book, *Muscle Testing and Function*, which she co-authored with her daughter, Elizabeth Kendall McCreary. Her protocol is one of manual muscle testing. Testing with Kendall's

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Rancho Later Life Study

A two-day conference, **Meeting the Challenges of Aging with a Disability: Lessons Learned from Post-Polio and Stroke**, was held in Long Beach, CA, March, 1993. The conference was the culmination of a five-year project (*Polio Network News*, Vol. 6, No. 3) funded by the National Institute on Disability and Rehabilitation Research (NIDRR), Department of Education.

Most persons with a physical disability, like the population at large, can now be expected to live a longer life. However, as they age, many start to experience the onset of new health problems and secondary complications which threaten to further erode their independence and well being. Among those individuals who are vulnerable to these "secondary disabilities" are the survivors of the two leading causes of paralysis in the United States today — polio and stroke.

The five-year Later Life Study conducted at the Rehabilitation Research and Training Center on Aging at Rancho Los Amigos Medical Center involved individuals 50 years or older, and compared persons with early onset of polio and spinal injury, to those with a stroke occurring after age 50, and non-disabled controls.

A total of 265 individuals, ranging in age from 50 to 88, participated in the study. These included 120 polio survivors (not all of whom were considered to have post-polio syndrome), 60 stroke survivors, and 60 non-disabled controls, plus an additional 25 persons with spinal cord injury who were not reported on during the conference. Each participant received a comprehensive medical exam, including laboratory analysis of EKG, blood chemistry, and bone density testing for osteoporosis; a physical therapy evaluation; a psychological evaluation by a clinical psychologist, and a personal history interview by a medical sociologist.

Although not all of the data had been analyzed by the time of the conference, principal investigator Margaret L. Campbell, PhD, co-principal investigators Bryan Kemp, PhD, and Kenneth Brummel-Smith, MD, presented some preliminary information at the meeting. The final report will be completed by August 15, 1993.

The Rancho Later Life Study concluded, in part, the following:

Polio survivors experiencing the greatest problem dealing with post-polio issues are those in the "sandwich" generation — individuals in their early fifties

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with responsibilities of launching children, aging parents, and careers. This finding reinforces the idea that a "life course" perspective of disability will increase our understanding of how disability affects individuals and families.

The health evaluation found few statistically significant differences between the polio group and the control group, including no higher rates of obesity, cholesterol (actually lower), EKG changes (actually fewer), blood pressure, and glucose levels. Age-associated diseases do not appear to be more common in polio survivors.

The study did show a higher rate of hypothyroidism in polio survivors. Routine health maintenance should probably include thyroid screening, particularly if survivors are experiencing symptoms such as fatigue, which, in some cases, could be alleviated if the hypothyroidism was treated.

For purposes of the study, depression was defined in two ways: One, by using clinical diagnostic criteria which included profound altered mood, six-to-eight symptoms (e.g. fatigue, thinking or sleep disturbances), and behavioral disturbances. The second definition of depression was based on clinically significant symptoms only and is less severe.

Overall findings indicate that polio survivors are somewhat less depressed than the non-disabled control group, although the mean differences were not statistically significant. However, among polio survivors, women reported significantly higher depression scores than men (although still within normal limits), and one group of survivors, those in their early fifties who experienced acute polio after 1940, had scores consistent with clinically significant symptoms.

Funding was obtained to give one copy of the conference proceedings to each support group. They are being revised and will be available by July 1, 1993. Additional copies, as well as tapes from the conference, can be ordered. Contact: Millie Sealana, Associate Training Director, Rehabilitation Research and Training Center on Aging, Rancho Los Amigos Medical Center, University of Southern California, 7066 Consuelo St., Downey, CA, 90242 USA (310/940-7402/8953).

The Center has been funded for another five years starting August, 1993. It will continue its focus on aging and polio with an expanded sample of over 450 individuals, which will include a random sample of 60 individuals from the first five-year study, 300 from the Rancho post-polio clinic, and another 100 from the local community.

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Polio survivors are, of course, as susceptible to stroke as anyone else.

STROKE SYMPTOMS

The most common warning of stroke is a TIA (transient ischemic attack). It is a disturbance of blood supply to a localized area of the brain. Complete and spontaneous recovery usually happens in 24 hours or less. You should suspect that you or a member of your family has had a TIA if one of the following happens, lasting perhaps one to 15 minutes and leaving no visible after-effects:

- Sudden weakness, paralysis or numbness of the face, arm or leg, especially on only one side of the body
- Difficulty in speaking or swallowing
- Difficulty understanding spoken or written words
- Mental confusion
- Changes in personality
- Double vision, clearing after a short time
- Temporary dimness or loss of vision, particularly in one eye
- Dizziness
- Falling for no apparent reason
- Unexplained headaches or a change in the pattern of headaches

Stroke Association of Southern California, 2001 South Barrington Ave., #308, Los Angeles, CA 90025 USA.

IN MEMORIAM

Albert B. Sabin

1906-1993



*Live every day as if it were
your last,*

*Live every day as if you would
live forever.*

—ALBERT B. SABIN, M.D.