

Question: *My mother has post-polio syndrome. She recently fell and fractured her spine. Do you have any recommendations on healing from a fracture with PPS? She's experienced a lot of medical gaslighting regarding pain. I'm pushing for her to get a customized brace, but again, they aren't looking into the option. Finally, I feel like physical therapy is pushing her too hard. Do you have any literature or resources to recommend?*



Marny Eulberg, MD

Marny Eulberg, MD: I am happy that your mom has you trying to advocate for her! Spinal (vertebral) fractures can be very painful and can take six or more weeks to heal. One of the problems is that there is no good way to immobilize the fractured area because the spine is so flexible and moves in so many different directions (forward and back, sideways and rotational). You did not mention what part of your mother's body was affected by the polio or exactly where the vertebral fracture(s) are.

If your mother does not have significant curvature of the spine (scoliosis), then the recommended treatment of her fracture will be very similar to that of someone who never had polio. If she does have scoliosis, then the usual Jewett brace that limits how far forward a person can bend may not provide support in the right places to minimize movement around the fracture site. In that case, she might benefit from a custom-made and fitted brace.

The problem with all of the back braces is that, as they limit movement around the area of the fracture, they also necessarily limit a person's normal movement. In addition, they are uncomfortable and hot, especially in the summertime.

It can be so hard to watch someone you love be in pain, but doctors have to make hard decisions when giving pain medications to older patients. There is no oral pain medicine that can reduce pain without causing too many side

effects, such as constipation, decreased alertness and an increased risk of falls in the elderly. Because the kidneys and liver in older persons do not get rid of medications as quickly and efficiently as in younger persons, many medications can stay in a person's system for longer and still be there to some extent even as they take the next dose. Thus, the blood level of the drug may increase with each additional dose and can reach dangerous levels.

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If she is having back muscle spasms, the use of heat or ice can be helpful, as can topical pain patches such as SalonPas or SalonPas with lidocaine. The patches with lidocaine should not be left on for more than 12 hours and then should be removed for 8–12 hours, otherwise the body can become immune to the effects of the lidocaine.

How much to push a polio survivor depends on what part of their body is affected, what the strength of those muscles was before the injury, and how much a specific exercise causes pain. In general, any strengthening exercises should "start low and go slow" with

no more than 3–5 repetitions of each exercise at first and advancing by 1–2 repetitions as that particular exercise becomes easy or does not cause fatigue of the muscle.

Muscles can also become weak from disuse, so it is important for your mother to keep moving at a level close to what she did before the injury.

One of my friends who is in her early 70s and did not have polio recently broke two or three vertebrae in her back after a fall. She found that the most difficult thing to do was get in and out of bed and found that sleeping in a “lift chair” (a recliner that has controls that move the chair from a sitting position to a reclining position and then assist the user back to sitting) became where she slept at night.

Frederick Maynard, MD: I agree with all the fine advice given by Dr. Eulberg. The only additional suggestion I have is to consider asking the treating orthopedic or neurosurgeon if your mother is a

candidate for a vertebroplasty. This procedure involves simply placing a large needle directly into the fractured vertebra(e) and injecting a “bone cement” substance (a thick liquid that rapidly hardens). This procedure is particularly helpful and indicated with uncontrolled pain from fractures that show characteristics that make them amenable to a “propping up” by the cement injection which can somewhat restore the spinal alignment.

This procedure may or may not be available or familiar to all physicians in smaller medical centers; but if your mom is not doing well with simple bed rest and partial immobilization, it would be worth getting an opinion about her appropriateness to undergo this rather simple and safe procedure. We hope she is doing better soon. ■



Frederick M.
Maynard, MD

Have a medical question about the late effects of polio? PHI’s Medical Advisory Committee is here to assist. Just fill out the form at <https://post-polio.org/ask-the-doctor/>, and one of our volunteer physicians will be in touch. Please allow up to five business days for a response.

What can PHI’s volunteer physicians help with? They can answer questions specific to some sub-groups of polio survivors that may not be answered in PHI’s more general statements ... such as “What type of exercise(s) would you recommend for a polio survivor with weakness of one leg” but they will not be able to answer very specific questions such as “What is the best exercise for me?” or “What is the best brace for me?”

Disclaimer: PHI offers this program as an educational service but it in no way is a substitute for medical care by a personal healthcare provider. Our physicians/other healthcare providers can only make suggestions that you, in turn, will need to discuss with your healthcare provider. They cannot treat you or write prescriptions for you. Interactions in writing, verbally or even by video cannot replace the value of an in-person evaluation.