



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 have just been diagnosed with venous insufficiency in addition to atrial fibrillation, mitral valve problems and partially closed carotid arteries. I also just had a test to check my arterial blood gases. I use a BiPAP ASV every night and have serious pain some days from coccyx down both legs to my feet. I cannot walk at all, and now I cannot stand for less than a minute without holding on. I have fibromyalgia, and I have a painful left rotator cuff. For two months, I have been wearing compression hose. How does the venous insufficiency fit into this picture?*

A: Your history is certainly distressing. I presume that the “venous insufficiency (VI)” diagnosis was used to explain swelling/edema of your feet and legs. While you may have some VI that contributes to this problem, your heart problems (especially the mitral valve problems) are more likely to be the major cause for ankle/feet swelling. Your description of symptoms and diagnoses suggests right-sided heart failure, which would also explain your major new weakening and loss of functional capacity and is a common late problem of people with chronic respiratory failure. Please work closely with your internist – both cardiac and pulmonary medicine expertise is needed – to find out what your options might be for treatment/management. Any VI is not that important and could be minimized by use of lower limb support stockings or wraps.

Question: *In 1988, I was your patient at the University of Michigan when you diagnosed my post-polio syndrome. I am preparing for a complete knee replacement on my right leg, which is the one affected by polio. My question is: Should my physical therapy after surgery be specialized to my condition or will normal therapy be OK? My surgeon has not had any dealings with polio patients. Any information you can supply will be greatly appreciated.*

A: The important thing about knee replacement in a polio leg is the strength of the quadriceps and hamstring muscles. If they are 4-/5 or less, the artificial knee joint should be protected with bracing in the post-operative period, and sometimes even long term for walking long distances in order to prevent loosening of the artificial knee joint. PT is best done by a therapist who has evaluated you **pre-operatively** and can then help you post-operatively with both re-mobilization and with exercises. Exercises need to be planned out on an individualized basis based on your pre-operative muscle strength in that leg. Strengthening may need to proceed slowly to avoid overuse damage, but that is usually not an issue in the early period. It is more important later when strengthening is a major goal and is relevant if and when a protective brace can be safely discontinued. You may want to share these thoughts with your surgeon.

Question: *My 83-year-old wife had bulbar polio when she was 17. She is now wheelchair-bound and is suffering severe pain from shingles. My question is: Since polio and shingles are both nerve diseases is there any special precaution, medicine or treatment she should have?*

A: Although polio and shingles are both a result of virus infections, they are not related viruses. People with post-polio syndrome are not more vulnerable to shingles and need take no special precautions. Please read a recent *Post-Polio Health* article about shingles vaccination among polio survivors. www.post-polio.org/edu/pphnews/pph29-4f.html.

continued on page 11



PHI will assist the team in finding non-symptomatic polio survivors in Italy. An earlier study done in Arkansas, in 2007/08, had problems recruiting stable polio survivors. The reason was not analyzed fully, but it could have been due to lack of interest of “healthy” polio survivors in participating, inadequate recruiting or the dilemma of the expansion of the definition of post-polio syndrome to the point that anyone who had polio is assumed to have PPS particularly as they get older.

It takes a team

Dr. Toniolo is the face of this research but does not work alone and acknowledges the contribution of neurologists Giorgio Bono, Salvatore Monaco, Laura Bertolasi, Franco Molteni, Luisa Arrondini who provided samples of their PPS patients and the essential contribution of virologists Martina Colombo, Giuseppe Macca-ri, Merja Roivainen who dedicated their time and efforts to this noble task.

Lastly, he acknowledges Post-Polio Health International and Regione Lombardia, Milan, Italy, and expresses gratitude to Joan L. Headley, St. Louis, and Dr. Frans Nollet, Amsterdam, for their continuous encouragement and support.

More about the Fund

The Research Fund was started in 1995 with a bequest from the estate of Thomas Rogers, a quadriplegic polio survivor who spent about a year and a half in three hospitals. He had been successfully weaned from the iron lung to a rocking bed and with a “great proficiency in frog breathing.” In later years, he used the portable Bantam Positive Pressure Respirator and the PLV-100. Rogers died in 1994 leaving a lasting legacy of supporting research for the ventilator user and post-polio communities. ■

Contributions to the fund may be made online at <http://shop.post-polio.org> or by check to 4207 Lindell Boulevard, #110, St. Louis, Missouri 63108.

Ask Dr. Maynard continued from page 9

In regard to treatment for your wife’s pain, if it is a result of post-herpetic neuralgia that results from the shingles infection in one localized area of skin, Zostrix cream applied on the skin twice daily for several days is the best and safest way to gain relief. If her pain is very severe and more widespread, she would have to be fully evaluated by a specialist physician in management of post-herpetic neuralgia pain for other options. Encourage your wife to maintain a positive outlook because in the vast majority of cases, post-shingles pain does eventually improve and resolve. ■

Not yet a Member?

Join PHI for just \$30 a year (Subscriber Membership) and receive your own copy of *Post-Polio Health* four times a year (February, May, August, November), plus eight *PHI Membership Memos* via email. For \$55 (Subscriber Plus Membership), join PHI and IVUN and also receive *Ventilator-Assisted Living* via email six times a year (February, April, June, August, October, December) and six *IVUN Membership Memos*.

You can join online at <http://shop.post-polio.org> or send (or fax, 314-534-5070) this form to: Post-Polio Health International, 4207 Lindell Blvd, #110, Saint Louis, MO 63108-2930 USA. Questions? 314-534-0475 .

\$30 Subscriber

Post-Polio Health (quarterly)

\$55 Subscriber Plus

Both *Post-Polio Health* (quarterly) AND *Ventilator-Assisted Living* (bi-monthly)

Name _____

Affiliation _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

email _____

Phone (include area/country code) _____

I am enclosing a check for \$ _____ made payable to “Post-Polio Health International.” (USD only)

Please charge \$ _____ to this credit card:

VISA MasterCard Discover

Card No. _____ Exp. Date _____

Name on Card _____

Signature _____