

Post-Polio Patient Assessment

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I. History

A. Chief Concerns: eg. Pain, fatigue, new weakness, change in function

B. Polio History

1. Age and severity during first month; historical year
2. Early rehabilitation highlights and timeframes of recovery
3. Residual disability at maximum recovery or after 2 years
4. Any rehabilitative surgeries and/or History of device/brace use
5. More recent or later (>15 years) changes in strength or function
6. Current motor functional capacity

C. Past General Medical History

1. Chronic conditions
2. Injuries
3. Surgeries
4. Timing of above in relation to PPS symptoms

D. Current Health

1. Review of Systems: pain, fatigue, new weakness, breathing or swallowing problems, sleep, weight change
2. Current medications

E. Family & Social History

1. Lifestyle Assessment relative to health & wellness
2. Psychological & social stressors

F. Review Relevant Medical, Laboratory & Imaging Reports

II. Examination

A. Observe Function: seating/standing/walking postures and capacities—
do fully clothed and with usual devices/methods

B. Formal Range of Motion assessment of joints & muscles

C. Strength assessment of key functional muscle groups (modified MMT)

D. General and/or focused Orthopedic Exam

1. Structural deformities of neck, back, chest, limbs
2. Joint Instability
3. Leg Length Discrepancy

E. General and/or focused Neurologic Exam

1. Muscle tone and bulk (?atrophy)
2. Reflexes
3. Sensation
4. Co-ordination
5. Mental status & affect

F. Provocative Pain Examination

1. Can pain be reproduced during the exam?
2. Does pain occur with active and/or passive movements, or with pressure?

G. Focused Evaluation of Gait or other Functions

1. With and without devices
2. Challenged

III. Planning

A. Is More Information Needed?

1. Lab Studies: eg. CBC, thyroid, blood sugar, etc.
2. Further X-Rays or Imaging Studies
3. Electrodiagnostics: EMG, Conduction studies

4. Pulmonary Function Studies and Arterial Blood Gases
 5. Sleep Studies
 6. Rehab. Team Evaluations: PT, OT, CR, Psych/social work, orthotics, dietician
 7. Medical evaluations: Orthopedist, Neurologist, Internist (pulmonologist, cardiologist), ENT, Psychiatrist, Surgeon
 8. Medical Records/Reports: eg. Primary Care Physician, original polio care, reconstructive surgery operative reports, etc.
- B. Preliminary Goals Presented and Discussed with Patient (and family)
- C. Short-term and Long-term Goals Agreed to by Patient & Physician
- D. Treatment Plan Outlined and Agreed To
- For Example:
1. Weight Loss Plan
 2. Use Bi-PAP at night
 3. Obtain orthosis (brace) and follow with PT to learn correct use & adjust
 4. PT for Individualized Exercise Program
 5. Pain Management Plan
 6. Counseling & anti-depressant use
 7. OT for energy conservation plan