# Still here, but older: polio then and now


Polio survivors and their supporters making a statement at Parliament House in Canberra. Image courtesy of Polio Australia at polioaustralia.org.au.

From the late '70s, former APA Neurological Physiotherapist Gnanaletchumy Jegasothy (Jega) worked as a senior physiotherapist in an acquired brain injury rehabilitation ward that housed the last surviving polio patient, Paul Berry, who required an iron lung to maintain his breathing when he was asleep. 'I treated him for any early signs of respiratory problems, largely at patient's request. Over time, his status changed from ambulant to requiring an electric wheelchair,' she says.

When Jega was working at the Royal Perth Hospital's Shenton Park, coincidentally, Post Polio Network of WA approached the Shenton Park campus rehabilitation department to provide a service for their polio members suffering from the late effects and ageing effects of polio. 'The Late Effects of Disability clinic was set up to meet this request and to address the ageing effects of CP clients moving from paediatric services into the adult healthcare system. It was an unmet need, a new area in medicine and I liked the challenge,' Jega says.

Jega is a key figure in implementing Australia's only public hospital-associated late effects of polio (LEoP) clinic, and although retired, she still keeps up with what is happening in the LEoP space, recently presenting a lecture to the Gerontology group. 'The lecture was to highlight to this group of highly skilled physiotherapists that they were likely the best placed group to take on the ageing effects of all disabilities, including late effects of polio,' she says. Polio was eliminated as a public health problem only in early 1960. The thousands of children affected by polio are still here, but they are now much older.

'All disabilities experience "physiological ageing" almost 20 years ahead of the non-affected counterparts. The gerontology physiotherapists may need to redefine ageing in physiological terms, not chronological terms. Effective planning and intervention is dependent on physiological changes that are dictating physical ability of the client. This issue flows into, and can complicate, the NDIA, NDIS and aged care funding. Who better than a gerontology physiotherapist to look at issues related to clients' current and future rehabilitation needs?'

Sarah Procter is the senior physiotherapist running the Late Effects of Disability Clinic at Fiona Stanley Hospital. She says physiotherapy plays an integral role in maximising the function of individuals with LEoP and minimising future functional deterioration. 'A thorough assessment is pivotal to developing an appropriate management program for these persons, given the varying degree of weakness, affected musculature, pain, fatigue, exercise tolerance and rehab goals in this population.'


According to Sarah, an appropriate assessment may consist of a comprehensive subjective examination, including the chronological history, past management, current and previous functioning, and an in-depth physical examination (range of motion, strength, tone, sensation, balance, transfers, gait, seating, assistive devices, footwear, skin and relevant outcome measures). When developing a management plan for these individuals, it is essential that the treating physiotherapist has an understanding of the disease process and the necessity to balance activity and rest to avoid fatiguing compromised muscles and joints.

There are currently two late effects of disability (LED) outpatient clinics at Fiona Stanley Hospital, in which physiotherapy is included in the management of individuals with LEoP. One of these clinics is interdisciplinary team-based and led by a rehabilitation consultant and also includes a medical registrar and an occupational therapist. The other clinic is solely physiotherapy-based, with an associated hydrotherapy clinic also available. Referrals for these clinics mainly come from general practitioners, but are also received from specialists and other health professionals. Both clinics include a comprehensive assessment of the post-polio individual, with the development of a treatment plan aimed at providing information and support, managing symptoms, reducing symptom progression and maximising function. 'Due to the nature of the late effects of polio, symptom progression can be monitored in these clinics through ongoing evaluation,' Sarah says.

When the LED clinic was set up, the focus was on the 60 and over age group; however, Jega and Sarah both agree that the future direction for LEoP is to look at those aged younger than 60. Says Jega: 'There are very young refugees, children and teens, with polio, in Australia, from war ravaged countries where polio vaccination was not done. The needs of young refugee teens and children would be very different from those [in the] middle-years group and the over 65-age group, who are ageing with a disability. There is also the issue of "frailty" confusing the picture.'

Jega, who has assessed a few hundred LEoP patients, recently had an ex patient ask her for direction in relation to recurring symptoms of extreme fatigue to the point of exhaustion. 'She had a number of repeated attacks, almost at monthly intervals that required hospitalisation as she was "unable to move" and had difficulty breathing. This presentation is new to me and is of great concern.

'Now, research for the different age groups points to well-planned, individualised physiotherapy as the only service with any meaningful outcome,' she says.

Sarah believes that physiotherapy management in this population may include the prescription of an exercise program including stretching, strengthening and cardiovascular endurance activities, hydrotherapy, correction of postural alignment, pain management strategies, gait aid prescription and training in walking devices. It requires a referral to appropriate services and a close liaison with orthotists, education on where to find support, the management of fatigue (pacing and energy conservation techniques) and promoting a healthy lifestyle.

LEoP patients ageing with a disability are not covered in textbooks. 'It requires a wide field of knowledge, experience, consultation and networking, to be able to effectively assess, draw up a rehabilitation plan with the client as to what is urgent, what is important, and what needs to happen in the future,' Jega says. 'Knowing what not to treat is as important as knowing what intensity of treatment is required.'

**October is Polio Awareness month, which aims to increase awareness about polio virus and to encourage further actions to reduce it from spreading. Visit polioaustralia.org.au to find out more.**

**Skye Mitchell**