From the Editor ...

Thank you for the many positive comments about the organizational changes we’ve announced. And, please continue to send your comments about the content of Post-Polio Health.

Several support group leaders appreciated the article about Neurontin, because they were concerned about its promotion as the solution for post-polio problems. The alert support group in the Nashville, Tennessee area, led by Nickie Lancaster, had reported to Pfizer, in late 2001, that several members had observed worrisome side effects from Neurontin.

Our lead article addresses “The Question” about bracing that so many of you have asked. Once again, as with exercise, there is no cookie-cutter answer. But, armed with information coupled with an honest assessment of our abilities, each of us can make the right decision.

A summary of the US Social Security Administration’s new ruling on “post-polio sequelae” is on pages 6-7. Polio survivors whose condition prevents them from working have benefited from this program. However, this document is not intended to alert employers of pending problems of employees who had polio, for many polio survivors are able to work. Instead, its purpose is to identify all of the possible medical evidence that will be considered when applying for disability.

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walking on their toes. Both groups of muscles are important for maintaining balance and when either group of muscles is weakened, safety can be a concern.

The assessment of SJ’s walking, or gait pattern, revealed that he walks with a “steppage gait” – he picks his knee up higher than normal. Individuals expend additional energy when picking their legs up higher than normal, but they avoid tripping over their feet. This difficulty in lifting the toes and ankle up is due to muscle weakness.

Due to the tightness in his right heel cord, SJ had excessive backward bending of his knee whenever he put full weight on his leg. Excessive backward bending, also know as hyperextension, leads to abnormal biomechanical stresses at the hip and trunk.

A modified Fatigue Severity Scale (FSS) was administered, and SJ received a score of 33/36, indicating a high level of fatigue with his activities.

The team recommended a plastic ankle-foot orthosis (AFO). SJ was evaluated by the team orthotist and was fitted with a custom AFO. He was instructed to gradually increase his wearing time as he adjusted to the AFO.

To find a certified orthotist (bracemaker) in your area, log on to www.abcop.org