What you Need to Know About My Condition
I am a Polio Survivor: Age Year in
And now have Post-Polio Syndrome diagnosed in []
Post-Polio Syndrome or PPS is the accepted name for the constellation of NEW symptoms. These symptoms can occur both in previously known affected muscles and those thought not to have been affected at onset. They vary from person to person and can fluctuate from one time to another. Symptoms including NEW weakness, muscle fatigue and/or 'central' fatigue, pain, breathing [inc hypoventilation], swallowing difficulties, a variety of sleep disorders, fasciculations, gastrointestinal problems.
There are no definitive tests. Diagnosis is by exclusion of other conditions.
This document contains key information and how Polio and Post-Polio Syndrome affects me personally, and will help you to understand my particular needs.
Also been diagnosed with
ALLERGIES and IMPORTANT FACTS -
N.B. Ventilator User Settings are:-
I could be a CO2 retainer and if given Oxygen this needs regular testing.
Care prescribing any Drug or Anaesthetic that has sedative or muscle relaxant properties must be taken due to my weakened muscles.
Single Action Manual Muscle Testing could over grade my reported endurance of muscle action, ability to perform a pattern of movement
FULL NAME
I like to be called:-
ADDRESS
Post Code:-
TELEPHONE NUMBER
NEXT OF KIN / [ICE] In Case of Emergency:- Tel No:-
Name
Address
Relationship

## **IMPORTANT CONTACTS**

Details	Name	Tel No:-	Tel No:-			
Support Worker						
GP Surgery / Name						
Specialist Nurse						
	MFDIC	ATION.	1			
n.b. It is essential that my			Yes		No	
I would like to self me	edicate if possible		Yes		No	
Madiaction Name	Deceme					
Medication Name	Dosage		ime		For	
Special Comments:-						
EATING AND DRINKING. I eat and drink independently. Yes / No						
Drinking: I use						
Eating: I use						
Food Allergies/Intolerances:						
My Dietary Needs:-						

MOBILITY and ABILITY  My Mobility is not is somewhat affected is considerably affected								
I use the following aids and equipment. [cross out items not used]								
Cane	Ankle F				Drive Manual Car			
Crutches	Calliper Rt / Lt			Electric Scooter [			Drive Automatic Car	
Rollator	Specia	l shoe	s	Electric Wheelchair			Wheelchair Car Lift	
Push Trolley				,		Wheelchair Car Hoist		
My Ability is not ☐ is somewhat affected ☐ is considerably affected ☐								
11	nave mi	uscle	weakness in th	e follow	ing a	reas of n	ny body.	
Head			RIGHT Shoulde	r		LEFT Sh	noulder	
Neck muscles			Upper A	rm		Uį	oper Arm	
Swallowing			Lower A	rm		Lo	ower Arm	
Eating			Wrist			W	rist	
Chest muscles			Hands /	fingers		На	ands / fingers	
Breathing			Hip			Hi	р	
Trunk muscles			Upper Le	∍g		Uį	oper Leg	
Bladder issues	3		Knee			Kr	nee	
Bowel issues			Lower Le	∍g		Lo	ower Leg	
			Ankle	Anl		nkle		
			Foot	Foo		oot		
	unaided Use aid - state which		Need assistance					
I can stand								
I can transfer								
Moving up to 2	2 yards							
Moving 2 to 10	yards							
Moving 10 to 2	25 yards	\$						
Moving 25 yard	ds plus							
In and out of c	n and out of chair							
In and out of bed								
PERSONAL CARE								
I can use the to	oilet							
I can wash face, hands								
I can clean tee	th, do h	nair						
I can shave								
I can bathe or	shower	•				_		
Dress and Und	iress							

## COMMUNICATION

	No Difficulty	Some Difficulty	Considerable difficulty		
Intellect, recalling facts					
Need family support.					
Hearing					
Hearing Aids detail					
Use Sign Language					
Sight					
Sight Aids detail					
Use cane/have dog					
Speaking					
Speech Aids detail					
How you can help me who	en talking to i	me or when I am trying	to tell you something.		
BEFORE I AM DISCHARGED FROM HOSPITAL YOU NEED TO PLAN					

## **MORE INFORMATION**

Overall UK PatientPlus article for health professionals on Post Polio Syndrome. www.patient.co.uk/doctor/Post-Polio-Syndrome.htm

Lincolnshire Post Polio Library 100+ full text medical articles. [A PSN service]
Linked from www.poliosurvivorsnetwork.org.uk

European Federation of Neurological Societies - Post Polio Syndrome www.efns.org/fileadmin/user\_upload/guidline\_papers/EFNS\_guideline\_2011\_Post-polio syndrome.pdf

PolioToday.org - The Salk Institute
Videos of 3 Breathing & Sleep Symposia 2009/2010/2011, Expert Opinions & more

www.poliotoday.org

Polio Survivors Network - P.O. Box 954, Lincoln, LN5 5ER - Tel:- 01522 888601 Email:- info@poliosurvivorsnetwork.org.uk Website:- www.poliosurvivorsnetwork.org.uk

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