



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: *After several weeks when my polio-affected right leg began to swell, beginning at the foot and now up into the knee, a vascular physician diagnosed the condition as lymphedema and referred me to physical therapy. The swelling decreases only slightly after sleeping all night, even with my legs elevated. My ability to exercise (walk) is not practical having great instability and imbalance. I also have symptoms of neuropathy in both feet contributing to lack of balance. I do use a cane.*

In 1949, my right ankle underwent a triple arthrodesis with a tendon transfer, which really was a great help although I have had to go to a supportive in-shoe ankle/foot brace to avoid tripping.

My question becomes, is the diagnosis of lymphedema something to be expected and what treatment or medication protocol would be appropriate?

A: Lymphedema is a fairly common complication in a paralyzed lower limb, particularly as people age, if there are any open sores on the feet/ankles from minor/major traumas, and/or there is dependent swelling from at least some degree of venous insufficiency.

It is important to treat lymphedema vigorously after it is first diagnosed, because further complications can occur and the longer it is present, the harder it is to treat and sometimes resolve.

Vigorous treatment involves “elevation with specific message” as a one-to-three times per day regimen that can be taught by a “lymphedema therapist specialist” (usually a PT or OT) to a family member or friend.

Additionally, the limb must be wrapped with specialized materials between treatments. Sometimes the therapists must also utilize Jobst pumping sleeves as a specific frequent treatment until the limb circumferences measurements stabilize. Then, one must order custom-sized compression garments that are worn when one will be sitting up with legs dependent.

The vigorous treatment regimens can be time consuming and expensive but are worth it in the long run, and usually aren’t too intrusive of time after one-to-three months. Feel free to share these thoughts with your doctors or therapists.

Question: *I am 66, had polio in 1951 or ‘52, and to my knowledge the only part of my body impacted was my left leg with paralysis in the quadriceps. I have always been physically active. Even now, I exercise four to five days a week and play golf when weather permits.*

I wore a brace – KFO – in high school to straighten out my left knee, and until about ten years ago, basically used the brace only to play golf, as it locked the knee and permitted me to follow through on my golf swing and to walk golf courses. Without the brace, I probably could walk about a quarter of a mile before extreme fatigue set in.

With the advent of hip issues in the past, my physical therapist suggested I use the brace more frequently as it gave me better posture/alignment and it took pressure off of my good (right) leg.

Eleven years ago I had hip replacement surgery on my right side, and my recovery was excellent. Since using the brace I have noticed an improvement in my back pain – practically non-existent – all of which is great. BUT, I can’t walk without the brace without having to hold in my knee to keep



▷ *it from buckling. (I seem to be able to ride the exercise bike as well as before the hip surgery and walking distances with the brace is still not a problem.)*

Here is the question: Is the increased inability to walk without the brace due to a dependence on the brace or simply due to increased age and post-polio issues?

Pain isn't an issue – never really has been (other than my good hip before the surgery). Most muscle pain that I have is usually resolved through exercise, and I seldom take anything other than an occasional ibuprofen.

If it is due to increased dependence on the brace, is there something I can do to retrain myself so that I can walk some without the brace? I miss the freedom of not having to wear the brace all the time.

A: Your question brings up several recurring issues for aging active polio survivors. It is common that arthritis develops in a polio survivor's stronger leg. You were wise to take your therapist's advice and use the KFO regularly during and after your recovery from the hip surgery.

If you now have a safe, pain-free and functional walking ability, albeit with the KFO, your primary goals have been met.

Your concern that your ability to walk without the KFO is now worse is understandable, but probably can't be significantly altered (at least not without a lot of time and effort and with questionable results, particularly lasting results).

What has most likely happened is that your "post-polio syndrome" weakness in the right quadriceps (the muscle most involved from your original polio infection) has worsened, both as a result of time and age as well as by several months of only walking with the brace which led to less vigorous regular contractions of that muscle.

Once a chronically weak post-polio muscle, particularly the quadriceps reaches the point that it cannot stabilize the knee joint, it cannot regain sufficient strength to do this function again, at least not without assistance, such as pushing on the thigh with your hand during stance on that leg.

My advice would be to "count your blessings" and go on with your life using the KFO and having it become part of you and being sure it is well-maintained and modified as needed to be maximally comfortable and minimally intrusive. ■

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