Becoming an Intelligent Consumer of Physical Therapy Services

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In the nearly ten years that I have been treating polio survivors, I have found that the people who come to my door for assistance usually fall into one of two categories. Some of these people have not had contact with a physical therapist (P.T.) since their acute phase of polio. Others have become frustrated and often seriously depressed after seeing several P.T.'s and several physicians prior to coming to see me. They could not find someone knowledgeable about the late effects of polio and how physical therapy can adequately assist survivors in coping with these late effects.

It is my hope in this document to provide a two-fold service:

♦ I wish to describe the evaluation and treatment that a knowledgeable, skilled P.T. should be able to provide a polio survivor. By so doing, I hope to significantly reduce the frequency with which polio survivors are turned away from physical therapy clinics with the statement, “There’s nothing we can do for you.”

♦ I would also like to give encouragement to survivors who have not yet found a P.T. who has been knowledgeable about meeting their needs. Hopefully you can go armed with the data in this article to request that certain services be performed.

Certainly many health professionals other than P.T.’s can help to lessen the impact of the late effects of polio. In some cases, the services of other professionals overlap those of the P.T. However, in this paper I will confine my comments primarily to P.T. services.

This paper is based on principles in the resources listed on the accompanying bibliography.* Some of the following concepts listed under “STRENGTHS” are derived from my own experience in treating polio survivors.

*The bibliography will be made available in the next Polio Network News.

One Year without Polio in the Region of the Americas

August 23, 1992 marked the first year that the Region of the Americas has been free of wild poliovirus. The last detected case occurred in Junin, Peru on August 23, 1991.

This achievement has been possible thanks to the eradication campaign launched by the Director of the Pan American Health Organization (PAHO), Dr. Carlyle Guerra de Macedo, in May of 1985. The principal strategies used were the National Vaccination Days with applications of poliomyelitis oral vaccine and the intensified surveillance of reported cases of flaccid paralysis. These efforts succeeded in reducing the number of polio cases caused by wild virus from approximately 1,000 reported cases in 1986 to nine in 1991 (eight in Colombia and one in Peru). Since the virus was isolated from the Peruvian case, no other wild virus has been isolated in the Region (Figure 1).

Figure 1. Confirmed cases of polio in the Region of the Americas, 1986-1992

At the inception of the Expanded Program on Immunization in 1978, less than 25% of the children in the Region of the Americas were vaccinated against the principal childhood diseases (polio, measles, diphtheria, tetanus, pertussis, and tuberculosis). By 1991, the overall coverage extended to over 75% of the population under one year of age.
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The task was made possible thanks to the joint back
ning of various collaborating agencies, at a cost of
approximately 542 million dollars (US). The govern-
ments from the countries have provided around
430 million and the rest has come from the collaborat-
ing agencies that include the Agency for Internation-
al Development from the Government of the United
States (USAID), Rotary International, UNICEF, the
Inter-American Development Bank (IDB) and the
Canadian Public Health Agency (CPHA).

In addition to the national vaccination days, mass
communication was used extensively to inform the
public and mobilize the population. Also, a laboratory
network was used for diagnostic support. PAHO has
established an impressive surveillance system of acute
flaccid paralysis that includes more than 20,000
health units that report cases on a weekly basis.

The challenge now is to maintain the impetus by
increasing the vaccination coverage, consolidating the
gains made in eradication and achieving control and
elimination of other childhood diseases, PAHO has
named a Poliomyelitis Eradication International
Certification Commission that will verify the interrupt-
tion of wild poliovirus transmission. It is estimated
that the Commission will conclude its work in 1995.

In the meantime, high levels of coverage and surveil-
sance should be maintained and three years should
pass by without confirmed cases of polio before the
Region of the Americas can be certified as free of
wild poliovirus. One of those three years has already
passed; PAHO will continue the effort and
write history!

Source: EPI newsletter, Expanded Program on Immuniza-
Editor's Note: The last wild poliovirus detected in the
Americas to date was on September 5, 1991, still over
a year ago.

Polio Outbreak

In September 1992, the Netherlands reported an
outbreak of polio among members of a religious
group that refuses immunization services.

Since this religious group also exists throughout the
Americas and its members frequently travel back and
forth, countries of the Western Hemisphere are on
alert for importations. Attempts to educate and immu-
nize members of this religious group are being made.
The 1979 outbreak in the United States and Canada
clearly illustrated the risk for unvaccinated members
of religious groups who have direct or indirect contact
with members of Dutch religious groups among
whom poliovirus is circulating.

UPDATE. The outbreak in the Netherlands of
poliomyelitis among unvaccinated persons who are
members of religious groups that generally do not
accept vaccination is continued (1). From September
17 through December 5, 1992, 54 cases of
poliomyelitis were reported to the Netherlands' Office
of the Chief Medical Officer of Health. All of the
reported cases have occurred among unvaccinated
(n=53) or inadequately vaccinated (n=1) persons
belonging to a religious denomination that routinely
does not accept vaccination. Patients range in age
from <1 month to 56 years (mean age: 18.9 year). Of
the 12 provinces in the Netherlands, seven have
reported cases of poliomyelitis; the most severely
affected provinces are South Holland and Gelderland.
The risk for acquiring poliomyelitis while in the
Netherlands is considered small because of the excel-
rent sanitation in the country and because transmis-
sion of the poliovirus has been limited primarily to
unvaccinated religious groups. Nonetheless, the polio
immunity of travelers to the Netherlands should be
evaluated, and persons with inadequate protection
should complete a primary vaccination series with
three doses of poliovirus vaccine before departure,
especially if extensive travel in the Netherlands or
contact with persons in the affected religious groups
is anticipated.

Source: Morbidity and Mortality Weekly, 1992; 41:775-8;
41:917-9.

Polio in the U.S.

No cases of suspected poliomyelitis have been
reported in 1993. Four cases of suspected polio-
myelitis have been reported in 1992; 6 of the 9
suspected cases with onset in 1991 were confirmed,
and 5 of the 8 suspected cases with onset in 1990
were confirmed; all were vaccine associated.

THE U.S. VACCINE DISTRIBUTION DEBATE

Fewer than 60% of U.S. children are properly immu-
nized by age two. Federal health objectives for the
year 2,000 say 90% should be vaccinated.

Some blame rising vaccine costs and propose a
national vaccine program with a single, government
purchaser. It would reduce costs to private physicians.
Currently, half the children who receive vaccination
get them from private physicians who pay manufac-
turers' catalog prices, or get small discounts. The
other half are vaccinated in public clinics that receive
substantial discounts through a Centers for Disease