

Pain Management

- Many polio survivors experience pain, but everyone's experience is different
- Compensation, repetition and inflammation are common sources of pain
- Pain management may involve using aids and equipment, medication and pacing

What Is Pain?

Pain is an unpleasant experience associated with actual or potential tissue damage. It can be influenced by attitudes, beliefs, personality and social factors. It can affect emotional and mental wellbeing. Every polio survivor's experience of pain is different. There are two types of pain which you may experience:

- **Acute pain** lasts for a short time. It may occur following surgery or trauma or another condition. It acts as a warning to the body to seek help. It usually improves as the body heals. Sometimes it may not improve.
- **Chronic pain** lasts longer. It remains beyond the time expected for healing following surgery, trauma or another condition. It can also exist without a clear reason. Sometimes chronic pain can be a symptom of other disease. It can also be a disease in its own right, characterised by changes within the central nervous system.

The above information is taken from the [Painaustralia website](#).

Pain And Late Effects Of Polio

Pain is common among polio survivors. The causes of pain are varied. The pain that polio survivors experience may be due to:

- post polio syndrome (muscular and/or nerve pain)
- overuse and delayed effects of polio (biomechanical pain)

Pain is challenging to manage. Some examples of pain in polio survivors include:

- overworked joints and muscles to compensate for weakened limbs
- postural issues such as scoliosis, kyphosis or hyperextension of knees
- nerve pain from "pinched" nerves in the low back or wrist
- muscle pain due to activity/exertion

Common Pain Sources For Polio Survivors

Compensation

Most polio survivors have a weaker side of the body. Because of this, the "stronger" limbs and joints are used more. This is called compensation. This can lead to [osteoarthritis](#), pain and reduced range of movement. [Orthoses](#) and/or [aids and equipment](#) may be useful to avoid this.

Repetition

Many people experience pain with being in the same position or repeated movement. The muscles become fatigued trying to support the body for a long time. Common examples of this are walking, standing or sitting. Sometimes the solutions may involve equipment, or aid, to align the hips or back. But sometimes, the solutions can often be more difficult and require special help.

Inflammation

Polio survivors have less muscles than other people. When they rely on the muscle they do have, it may become “tight”, which may need extra rest and stretching. This can lead to the joints becoming inflamed (e.g. bursitis and tendinitis). This can be painful. Sometimes you may need to change the way you are doing things, or use [aids and equipment](#). For example, shoulder issues are common for polio survivors who use their arms to pull themselves up stairs or getting out of the chair. These demands can be reduced with chair lifts, ramps and changing the height of chairs.

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Aids And Equipment (Assistive Technology)

Using aids and equipment can help you manage pain. This can involve devices that reduce the demand on muscles to perform work (e.g. use of scooters or orthotics) or provide greater stability (e.g. fitting rails and ramps at home). [Orthoses](#) may help you manage pain by supporting limbs and preserving joints.

Be careful about which aids and equipment you use. The use of a cane or crutches can lead to carpal tunnel syndrome (compressed nerve in the wrist or shoulder). This is because there is too much weight/pressure transferred to the arm. An occupational therapist can help with general aids and equipment around the home. A physiotherapist can guide you in selecting the most appropriate walking aids.

Pain Relief Medication

You may be able to use medication to help with pain. However, it is important to seek long-term solutions. Ice, heat, ultrasound or transcutaneous electrical nerve stimulation (“TENS machine”) may be used to help with

pain. Anti-inflammatory medication (e.g. Ibuprofen), medication to manage pain and sleep (e.g. Xanax, Valium, Normison) or nerve pain (e.g. Lyrica) may be prescribed. It is important to discuss dosage and options with your medical professional to ensure the best pain management and health is maintained.

Pacing

It is often recommended to “re-set” the body by monitoring times of activities that you can tolerate rather than waiting for pain to stop an activity. This concept is known as “pacing”. It is best to address one activity at a time and set a comfortable duration to perform an activity. The goal is to focus on slowly building the time that you tolerate an activity (without pain increasing).

Pain Diary

Record your activities and pain levels over a week. Look for a pattern. While there might be pain all the time, there will be times that it gets worse. Look at what led up to this situation and identify things you think you could do differently.

Quality Of Life

Pain may impact upon your quality of life. It is important to treat pain early, and focus on the things you can do, rather than the things you can't do.

More Information

- See your general practitioner or a pain specialist
- The [Pain Management Network](#)
- Visit the [PainAustralia](#) website

Thank you Dr Steve de Graaff for reviewing this fact sheet.

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