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Brief Description on Postpoliomyelitis Syndrome

Jan Lexell

Clinical Associate Professor, USA

Treatment of pain should always start with a thorough analysis of the underlying cause and thereafter selection of appropriate interventions. Treatment of joint pain consists mainly of movement training (e.g., pool exercise) in combination with mobility aids, other aids, or orthotic devices. Transcutaneous electrical nerve stimulation, acupuncture, nonsteroidal anti-inflammatory drugs, and cortisone injections are other alternatives. Other medications, such as paracetamol, can also be prescribed. In severe cases of osteoarthritis, joint replacements are necessary, which may then eliminate the pain completely.

Pain near joints (in tendons and ligaments) is usually due to a continuous overload as a result of muscle weakness. Polio survivors often need mobility aids to relieve this pain when they walk, stand, or engage in other activities. It is also important that they be given information on the importance of reducing the load on their bodies. Activity-related muscle pain is often caused by overuse of the weakened musculature. The most important part is to focus on the reason for the muscle pain. As it is often due to overuse of muscles, the person with PPS needs to understand this so that he or she can make necessary lifestyle changes. This is combined with the

prescription of mobility aids to reduce overload during various activities, the provision of information about changed activity patterns, the correction of a sitting position, and the prescription of orthotic devices. Normally, pain is reduced when the load is reduced, but if the overuse continues, the pain can become more lasting and spread to the whole body. Generalized myalgia has been reported to respond to low-dose tricyclic antidepressants and also to gabapentin and pregabalin.

References

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*Corresponding author: Jan Lexell. Wood, Clinical Associate Professor, Department of Anesthesia, USA.

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