

Management of Pain

Pain in post-polio individuals can result from a variety of causes. Management of pain should therefore depend upon the aetiology. Pain management is based on a number of principles, which can be supplemented by specific recommendations. These basic principles include:¹¹⁸

- Improve abnormal body mechanics, such as poor posture and gait deviations;
- Relieve or support weakened muscles and joints through bracing and the use of ambulatory aids; and
- Promote lifestyle modifications that conserve energy and reduce stress.

Treatment for post-polio muscular pain may include:

- Application of therapeutic modalities including moist heat and ice;
- Stretching – to maintain extensibility of muscle and connective tissue;
- Prescription of orthoses and assistive devices;
- Education regarding lifestyle modifications, activity reduction and pacing (refer to following section on lifestyle modification); and
- Pharmacological treatment.

Treatment of overuse and biomechanical pain may include:

- Physiotherapy:
 - Electrotherapy (e.g. TENS, ultrasound)
 - Application of therapeutic modalities including heat, ice
 - Strengthening exercise
 - Joint mobilisation
 - Muscle relaxation and biofeedback
 - Stretching of tendons and soft tissues, myofascial release techniques
 - Hydrotherapy;
- Modification of extremity use, e.g. periodic rest;
- Retraining of posture and body mechanics to minimise overuse and reduce or avoid pain during activities of daily living and work;
- Pacing activities;
- Bracing to alleviate symptoms and prevent further acceleration of joint and muscle overuse, to control joint deformities and failing joint fusions (refer to following section on orthoses/bracing);
- Prescription of mobility devices (refer to following section on mobility devices);
- Pharmacological treatment – Non-steroidal anti-inflammatory medication;
- Surgery; and
- Treatments for fibromyalgia – postural correction, medication (amitriptyline, cyclobenzaprine), aerobic exercise.

If the patient experiences pain secondary to an acute injury, treatment with traditional physiotherapy modalities is helpful.

Pain can often be reduced by changing to a lifestyle that reduces physical activity and altering the biomechanics used to perform certain movements. These strategies may be difficult to accomplish because they often require the patient to develop behaviours unlike the old, familiar ones. Altering the pace and intensity of activities and learning new ways to gain more control over when and how activities are performed is essential. Unless these strategies are incorporated into the individual's life, further treatment options may become non-beneficial.