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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Post-Polio Syndrome

Patient education guide · Nerve & Muscle · Madison Neurology LLC

What is it?

Post-polio syndrome is a gradual new weakening that develops decades — typically 15-40 years — after recovery from polio. The motor neurons that survived the original infection and heroically re-grew to power muscles are now overworked and aging, causing slowly progressive weakness, fatigue, pain, and reduced endurance in previously affected (or seemingly unaffected) limbs.

How does it happen?

During recovery from polio, surviving motor neurons sprouted extra connections to re-innervate orphaned muscle fibers — each neuron doing the work of many. Decades of this overwork, plus normal aging, cause these enlarged nerve units to break down. It is not a recurrence of the poliovirus and is not contagious.

Common symptoms

- Slowly progressive new weakness in muscles previously affected by polio (sometimes in muscles thought unaffected)
- Overwhelming fatigue and reduced endurance
- Muscle and joint pain — often from decades of overuse and abnormal biomechanics
- Muscle atrophy, cold intolerance, and sometimes new breathing or swallowing difficulty
- Symptoms progressing slowly, in a stepwise or gradual fashion

How is it diagnosed?

Diagnosis is clinical: a confirmed history of polio, a period of stable recovery (at least 15 years), and new slowly progressive weakness/fatigue after excluding other causes. EMG shows the old polio changes; the workup's main job is ruling out other treatable conditions (pinched nerves, thyroid, myopathy).

How is it treated?

Management is energy conservation, not pushing through: pacing activities, treating overuse injuries, non-fatiguing strengthening (carefully prescribed — overexertion worsens weakness), bracing and mobility aids to offload weak muscles, treating pain and sleep apnea (common), and managing swallowing or breathing problems when present. Weight management and warmth help. A polio-experienced physiatrist coordinates care.

What does the future hold?

Post-polio syndrome progresses slowly, and most people adapt well with pacing and assistive strategies; it is rarely life-threatening (breathing muscle involvement is the exception, and is managed with ventilatory support). The paradoxical rule: in post-polio, rest is therapeutic and overwork is the enemy — 'conserve to preserve.'

Questions patients commonly ask

Q: Is the polio virus back?

A: No — this is wear-and-tear on overworked surviving nerve cells, not recurrent infection.

Q: Should I exercise?

A: Yes, but carefully: gentle, non-fatiguing exercise helps; exercising weak muscles to exhaustion accelerates loss. A polio-savvy therapist sets the right program.

Q: Will it keep getting worse?

A: Progression is typically slow and punctuated by long stable plateaus; managing energy and protecting joints makes the biggest difference.

National support groups & resources

- **Post-Polio Health International** — post-polio.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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