

From Henry's Desk.....

Falling Into Déjà Vu

Since 1996 I have written three articles about falling among polio survivors and post polio victims. Falling is an everyday risk for many people, especially the elderly. Add being older with the additional risk of Post Polio Syndrome (PPS) and the risk of falling is higher and the resultant damage is often greater. I have had thirty-two falls that I can remember in my sixty-one years since contracting polio. For the last twenty years I have been living with PPS. The falls I have experienced since PPS seem to be more damaging because of the greater impact on pain, fatigue and a longer recovery time. Part of this may be aging, but part of this longer recovery time is related to PPS.

In my current state of functioning I live with the use of a ventilator twenty four hours a day and this has been my state of being for nine years. I also use a power chair which I have used for eight years. From 1991 to 2003 I used a scooter part time until I had to make a change to the ventilator and enjoy greater wheelchair mobility. With all of these pieces of modern technology I am able to function at least part time in my profession. I do this part time work because I enjoy it, not because it is necessary. The only time I get to my feet is to transfer from my wheel chair to my bed or to the bathroom commode and reverse. I had noticed for several years that this transfer process seemed more and more risky in regard to falling. For the last sixty-one years I have worn a leather and steel long leg brace on my right leg. Even in my current state of disability the brace makes it possible for me to stand and transfer from my wheelchair to other sitting positions.

On July 7, 2011 I was in the process of transferring from my wheel chair to my bed, the Velcro strap that holds my right thigh in place in my brace let loose unexpectedly and caused me to pitch forward straight to the floor. I heard a cracking noise which sounded very familiar to the cracking noise that I have heard in my younger days and I thought one of the steel rods on my steel brace had snapped. My wife of 46 years came into the room and I asked her if the brace rod had snapped. She said, "No, the Velcro strap had come loose." She could not get me up alone and called 911. Four paramedics from the local fire department came and got me back in my wheel chair. I felt some pain in my knee and thought I had sprained my right knee as I had done about twenty-three years ago on a fall. I soon realized that I could not put any weight on my leg without pain and two days later I went to a hospital ER. An X-ray of my right knee and leg revealed that I had a transverse fracture of the upper right tibia bone and that was the reason my leg could not bear any weight without immense pain.

During the last two months I feel like I have fallen into an acute polio déjà vu. This fracture along with my other limitations has resulted in my spending more time in bed, being unable to use a toilet as I have been accustomed and being even more dependent on my wife and others. During the first three weeks of this long recovery process I used a Hoyer lift to move from my bed to my wheel chair. Operating the Hoyer lift required the help of family members. From the beginning of the fourth week of my recovery I have successfully used a sliding board for these transfers. I have had to use a bed pan, a plastic urinal, and I cannot sit up without help. These actions provoke memories of being on the acute polio ward at the Medical College of Virginia Hospital in September 1950. In that setting I had to use a bed pan, a urinal and I could not sit up without help. Being in the Hoyer lift brought back memories of being on a canvas stretcher in which I was placed when lowered into a bathtub at MCV hospital to receive hot water (100 degrees F) treatment, the treatment used after the Kenny hot pack treatment. Now I am gradually healing from this recent injury and I recall that I did gain strength after my acute attack of poliomyelitis. The process is all too familiar, even though both events are separated by sixty-one years.

Maybe some readers of this article have fallen into an acute polio Déjà vu as the result of a fall, an operation or some prolonged illness. I did not find this experience to be comforting, but rather discouraging and somewhat frightening because of the vivid memories of acute polio and its early terror and anxiety.

One could identify this phenomenon as being similar to what is today called Post Traumatic Stress Disorder or PTSD. PTSD involves feelings of anxiety, fear, flashbacks of the original stressful event and physical symptoms of sweating, headache, increased heart rate and possible gastro-intestinal upset. Also, the individual experiencing PTSD will often seek immediate protection and a source of security. Symptoms of PTSD can be enhanced if one is alone. I feel like I experienced most of these symptoms in the first few weeks following my injury. One can also begin to obsessively worry about things like "Am I going to get better: Will my tibia bone actually heal in a polio damaged leg; Will I have to make drastic changes in what I can still do and or will I become even more dependent and not able to function in my profession?"

The larger picture is that I can already determine that I have made some progress and am gradually able to spend more time out of bed and get out of my house. Later this month I plan on seeing a few patients again and attending the next meeting of the Central Virginia Post Polio Support Group. This support group has always been of immense support to me and my wife. Many support group members have sent me cards, e-mails, called me on the phone and visited me since my injury. I share this episode in my life in order for others who may

experience something similar to recognize what may be happening to them and to realize the immense value of being a member of a post polio support group.