

Summary of the March, 2011 Program

Hip and Knee Pain: Getting A Good Diagnosis

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Fred Shirley is a physical therapy specialist and a network member of North Central Florida Post Polio Support Group as well as a post polio syndrome specialist. Mr. Shirley was kind enough to present back to back programs for our March and April group meetings.

Mr. Shirley's first presentation in March was titled, "Hip and Knee Pain: Getting a Good Diagnosis"

When you experience pain in the knee or hip, it is very important to go to a specialist for a good diagnosis so that you know exactly what is causing the pain. Mr. Shirley has had patients that went to the doctor because they were having knee pain and after the doctor performed a complete diagnosis, the doctor asked the patient, "So when do you want to have that hip replaced?" The patient thinks the doctor must have him confused with someone else because it is his knee that is hurting. The doctor then explains that, yes, the patient is experiencing pain in his knee, but the problem is originating in his hip.

Tendonitis occurs when you have inflammation in a tendon. The tendon is what attaches the muscle to the bone. There are actually four muscles that make up the quadriceps (located at the front of the thigh) that all work together. One of those muscles actually goes across two joints, so it has several factors. You can have a little bit of weakness in one of those muscles, like the kneecap. The kneecap is like a cart, where you have four muscles pulling and moving that cart. Then you begin to have weakness in a certain area and all of a sudden it is like having three stallions and a donkey trying to work together. Well, three stallions and a donkey won't pull that cart really well. There are a lot of things that can be going on, the pain can be coming from foot problems, knee problems, hip problems, it can be coming from back problems. All four of those areas can transpose symptoms to the different areas. It is important to get a good diagnosis. Where are you weak? Where are you tight? Where is the polio side affecting the non-polio side? And how much is post polio syndrome now a factor? What are some of the things that are going on with that and what can we do about it?

There are options out there. Some of you don't want to hear words like braces or assistive devices. It's like having that extra point on the ground to allow your body to have extra energy in other areas, because if your body is really struggling to maintain balance and all the things that go into it, then you are using up that fuel supply a lot faster than you would if you were using some type of assistive device or having a brace on your foot or on your leg. They have braces that go across your ankle, and braces that go across the knee and the ankle to give you that little bit of extra support for your muscles.

There are all kinds of things that can take place when you get a good diagnosis. Our bodies are extremely good at compensating. Polio survivors are living examples of the tremendous capacity of the body to compensate. Survivors have lived through an age when there was no such thing as the ADA (Americans with Disabilities Act). In the past

one of our survivors was told she could not use the freight elevator because she was not freight and she had to use the stairs. And even now, with the ADA, you still go into places where the toilets are still low and there are no grab bars. How often do you go into a restaurant where the chairs have no arm rests to assist you in getting up and down? You know how difficult it is to get up from a simple chair without assistance. Just struggling with a situation with a chair can put you in a compromising position to cause you some type of situation in the hip, knee, back or ankle.

When you go to a family doctor and complain about pain, he usually gives you a pill and tells you to take it and let him know if it doesn't get any better. Your ability to go in and speak with your physician is extremely important. What Mr. Shirley suggests to everybody when they are getting ready to go to the doctor, is to get a 3X5 card and write down the three most important questions they have. When the doctor walks into the room say, "I have three questions for you." If your physician doesn't have time to answer those three questions, Mr. Shirley suggests you find another doctor. If you go to your physical therapist and you have three questions, and the therapist doesn't have time to answer your questions, he suggests you go to another therapist.

Doctors are very busy and if you go to your appointment without the list and start telling your life story, it isn't going to go very well. Physicians don't have a lot of time, but if you have your three questions ready, they should be able to answer you or at least tell you that they will investigate and get back to you with the answer. That's a legitimate point, too. Doctors and Physical Therapists don't know everything but they know where to look.

There is a post polio syndrome specialist here in Ocala and one in Gainesville. These physician are listed in the Polio Post News and on the website. If you go to a new doctor or orthopedist, ask how familiar he is with polio and post polio syndrome. If he is not familiar with PPS, then go to another physician. It's important to start out with the right doctor. A PPS specialist can evaluate what is going on, whether it is just the aging process or if it is related to post polio syndrome. The specialist can then direct you to a physical therapist or an orthotist if needed.

Hip or knee pain is one of those gray areas. Hip pain may be hip pain and knee pain may be knee pain, but at the same time, if that process has been going on for a while, it needs to be checked out. You know the old saying, if you have a headache, stub your toe and the headache pain will go away. It's not that the headache has gone away, it's that the toe pain has taken priority. It's the same thing with the hip and knee. You may be having some problem with your hip, but since the knee has been compensating, then that pain may be taking priority. When you add to that the process of polio and post polio syndrome, then you have a much greater potential of complications than someone who had not been affected by polio as a child. When you have had polio or have PPS, the uninvolved side has been taking the wear and tear for years and so the wear and tear factor is something that needs to be investigated with x-rays, CAT scans or MRIs, all those things that can tell the physician exactly what's going on.

Surgery should always be the last possible alternative. Once you have surgery, there is no going back. If you go to a physician and the first word out of his mouth is surgery,

then your response should be “goodbye”. If two doctors say you need surgery, then that’s kind of the final verdict.

From a therapist’s viewpoint, therapists like to stretch things. Unfortunately, when it comes to polio and post polio syndrome, tightness is what helps keep the patient functional. So if you go to a therapist that is not familiar with what polio and post polio syndrome can affect, stretching things can cause a loss of ability.