

## Post-Polio Osteoporosis Q&A

### A Follow Up Article

From Primary Care Physician

[Dr. Marny Eulberg, MD](#)



**Question:** I am Class of '49, have lost the use of left arm and have a weakened right leg. I did walk and do stairs. I am 74 and I have osteoporosis. Last year I had a herniated disk which weakened my bad leg. I got a custom brace made. I am hoping to get better, but progress is slow. Any thoughts? I appreciate it.

**Dr. Eulberg's Response:** I am going to make some assumptions (and you know what they say about "ass-uming"). First of all, it is not a surprise that as a 74 year old woman you have osteoporosis, which would not contribute to your weakness/slow recovery. Osteoporosis is a silent disease process and you wouldn't know you had it until you broke a bone or had a screening bone density test of some kind. But it is important for you, to know that you have osteoporosis, because of the need to actively prevent falling.

You did not mention what kind of treatment you had for the herniated disc. If it was surgery, then recovery in polio survivors can take up to 2-3 times as long as for a "normal" person. How long, or if, you will get recovery of nerve damage caused by the herniated disc depends on how long the disc had been exerting excessive pressure on the nerve. If the pressure on the nerve has been present for 6 months or longer before it is relieved, the function of that nerve may take up to 2 years or it may never come back. If the pressure on the nerve was present for less than 6 months, then recovery of nerve function may take up to 12-18 months.

Have you had any physical therapy? If so, what did that involve?

Exactly what muscles in your leg are weak (or) if you don't know, what kind of movements/activities can you *not* do or are very hard? What kind of brace were you prescribed - a short leg brace (AFO) that goes under the foot and goes up to near your knee? A knee brace (KO) that goes from mid thigh to mid calf? A long leg brace (KAFO) that goes from foot/ankle up to mid to high thigh with some kind of knee joint? About how much does the brace weigh?

And lastly, what other medical conditions do you have?

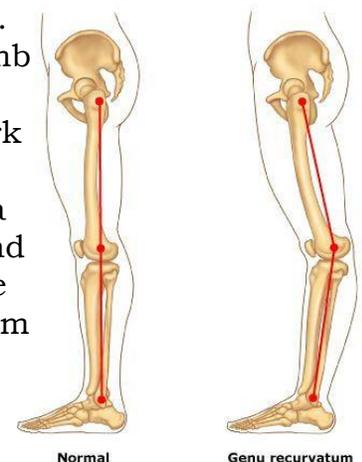
I'd be happy to respond in more detail when I receive more information to you.

**Survivor Response:** It is wonderful to have contact with a doctor who is also a polio survivor! I have found that younger doctors are puzzled by my issues. I do see a Rehabilitation Physician (physiatrist). I am being treated for osteoporosis with Prolia. I have been on it for 4+ years. I took Forteo before that. I am stable with some improvement.

When I was diagnosed with the herniated disk, it was through an MRI. I had PT for a long time; no surgery, no epidural. My affected leg was numb for a long time. I still get occasional numbness. My PT started with bed activities like heat, stimulation, massage and then progressed to gym work and exercise.

My weakness is in my quad muscles. I am unable to lift my leg, from a sitting position, up to a full leg extension. I got my first brace (a KAFO) and have had it for 6 months. I developed recurvatum of the knee which made walking very difficult. I think I always had a tendency toward that problem and it was exacerbated by the herniated disk.

The brace is a big help. It allows me to walk more easily, though I still depend a lot on a cane. The brace is graphite and might weigh 2 lbs. The



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orthotist wanted it to be as light as possible. I am a healthy woman in other respects with good BP and no medication other than Vitamin D.

Dr. Eulberg's Response:

Many people our age show herniated discs on an MRI but don't really have any ill effects from it. But it sounds like you had some sensory deficits.

Thanks for letting me know which muscle(s) are most affected. It is expected that if you have significant weakness of your quadriceps (and especially if you also have weakness of the calf muscles on that same leg) that you will develop recurvatum. It is simply a "normal" compensation to keep your knee from buckling. Slight hyperextension (recurvatum) allows you to stand balancing bone on bone and not need to have the quadriceps working during standing. But you can have too much of a good thing. If it goes much beyond 10 degrees then it can cause pain, problems walking and if left untreated keeps getting worse and worse as the ligaments in the back of the knee get stretched out. I suspect that the weakness of your quadriceps has been present for longer than you are aware because it usually takes several months to years to develop recurvatum that is bad enough to need to be braced.



KAFO style bracing from the 1940's and 1950's.

Dr. Bruno has suggests that all people who use a KAFO should also use a cane (or two crutches). I am now wearing a KAFO on my left leg. I use a cane, when walking outside my home but unless I am really tired, I don't use the cane inside my home or in "safe" environments, thus reducing the stress on my shoulder.

It is impressive that your KAFO only weighs 2 pounds; often the knee joints alone weigh at least a pound. It does make sense to make a brace as light as possible while still strong enough to provide stability and not break too easily. I have one of my sister's braces from when she was about 8 years old (yes, she also had polio) and it weighs at least 5 pounds. I understand they did not have the same materials back then as we do now, but it never made any sense to me to recognize that a person had significant weakness of a leg and then add a heavy weight to it!

PPS is a slowly progressive disease process so as you are trying to "get your strength back" you are fighting a bit of an uphill battle. Sometimes "victory" is maintaining and not getting worse.

I do worry a bit about your statement that you do walk up stairs. I'd hate to have you fall going up or down the stairs. As you do future planning you might consider ways to limit doing stairs or, even better, completely eliminating the need to do stairs. Many people in their 80s no longer do stairs, whether they had polio or not. I am hoping that the stairs have a handrail, preferably on both sides of the stairs.

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"Modern" style, light weight KAFO

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[www.papolionetwork.org/primary-care-and-pps](http://www.papolionetwork.org/primary-care-and-pps)

