

# POST-POLIO SEQUELAE EVALUATION

[DATE]

[ADJUDICATOR'S NAME]

[STATE] DDS

VIA FAX: [            ]

**JOHN R. DOE**

DOB:

SSN:

Dear [ADJUDICATOR'S NAME]:

{PATIENT'S NAME} is a [AGE] year-old survivor of paralytic polio contracted in [CITY] in [YEAR].

The patient presented on {DATE} with {left | right | bilateral leg muscle weakness}, {left | right | bilateral arm muscle weakness}, {left | right | bilateral leg | knee | hip pain}. The patient reports that muscle weakness increases with {standing | walking} and can not stand for more than 10 minutes. The patient reports {NUMBER} of falls during the past year.

The patient reports {moderate to severe} difficulty {getting up a curb, climbing stairs, walking inside and outside the house and walking without sitting to rest, with food shopping, housecleaning, cooking and performing tasks outside of the home, including difficulty performing work related tasks as a {JOB}}.

The patient also reports fatigue rated as {moderate to severe}, with cognitive difficulties that are associated with fatigue: {difficulty with concentrating, attention, memory, thinking clearly, staying awake during the day, word finding and mind wandering.} The patient was forced to stop working on {DATE} because of progressive {muscle weakness and} fatigue.

Blood work has ruled out anemia or hypothyroidism as causes for fatigue, nor is there evidence of a sleep disorder.

**ASSISTIVE DEVICES:** {                    }

**MEDICAL HISTORY:** Polio, {                    }

**MEDICATIONS:** {                    }

**PHYSICAL EXAMINATION:**

## MUSCLE STRENGTH, RANGE of MOTION AND PAIN (STR = Strength rated 0/5 to 5/5 | PAIN rated 0 to 10)

LEFT				SHOULDER		RIGHT			
STR	AROM	PROM	PAIN			STR	AROM	PROM	PAIN
4	WFL	WFL	0	<b>FLEXION</b>	<b>0-180</b>	4	WFL	WFL	0
4	WFL	WFL	0	<b>EXTENSION</b>	<b>0-50</b>	4	WFL	WFL	0
4	WFL	WFL	0	<b>ABDUCTION</b>	<b>0-160</b>	4	WFL	WFL	0
4	WFL	WFL	0	<b>ADDUCTION</b>	<b>0-45</b>	4	WFL	WFL	0
4	WFL	WFL	0	<b>INT. ROTATION</b>	<b>0-70</b>	4	WFL	WFL	0
4	WFL	WFL	0	<b>EXT. ROTATION</b>	<b>0-90</b>	4	WFL	WFL	0
<b>ELBOW</b>									
4	WFL	WFL	0	<b>FLEXION</b>	<b>0-90</b>	4	WFL	WFL	0
4	WFL	WFL	0	<b>EXTENSION</b>	<b>0-145</b>	4	WFL	WFL	0
<b>GRIP</b>									



**DISCUSSION:** {JOHN R. DOE} is a survivor of paralytic polio having increasing fatigue and {leg | arm} muscle weakness due Post-Polio Sequelae. If not treated properly the patient's symptoms will continue to progress. The only treatment for all post-polio symptoms is decreasing physical overuse of the remaining, poliovirus-damaged neurons. The patient must apply PPS management techniques, including energy conservation, work simplification {and use assistive devices, i.e., brace, Loftstrand crutches, rolling walker, manual | power wheelchair}.

The patient stopped working on {DATE} due to post-polio {muscle weakness and} fatigue . Unfortunately, due to progressive fatigue with impaired endurance, inability to persist at activities and cognitive impairments that are characteristic of Post-Polio Sequelae, the patient is no longer capable of performing even a sedentary job without exacerbating and causing the progression of PPS symptoms. It is medically necessary that the patient not work at this time or in the future the because of Post-Polio Sequelae.

The patient's symptoms are described in the POMS for "The Late Effects of Poliomyelitis" (24580.010) released in 1987: muscle weakness, loss of endurance and persistence, pain and fatigue. Unfortunately, many Social Security staffers at all levels had been unaware of the POMS existence or did not follow its guidelines. A 1999 Social Security Administration review found that polio survivors were being inappropriately denied SSDI because the focus of the POMS was "motor disorganization" and not "fatigue with cognitive impairments," the latter being the most common Post-Polio Sequelae symptom and found by SSA to be the leading cause of work disability in polio survivors. Because of polio survivors' inappropriate SSDI denials and the lack of adjudicator and DDS knowledge of post-polio fatigue with cognitive impairments, Social Security Ruling (SSR 03-1p) was promulgated in July 2003, an Interactive Video Training about the SSR taking place in August 2003.

The patient's fatigue and cognitive symptoms are clearly described in SSR 03-1p:

**"Complaints of fatigue...or decreased attention and concentration capacity may hallmark the onset of postpolio sequelae. Changes in attention, cognition, or behavior may be manifested by reduced capacity to concentrate on task (and) memory deficits. Deficits in attention, cognition, or behavior may be demonstrated by reduced concentration capacity, inability to persist in tasks, or memory problems. The reduced ability to sustain customary activities, including work, may result."**

Per the Social Security Ruling on Post-Polio Sequelae and SSA Regulations CFR 404.1512(e), 416.912(e), 404.1517 and 404.1519(e) governing consultative examinations I, as the patient's doctor, am available to provide any additional medical information about the claimant or provide a consultative examination.

Please contact me so that I can provide further information about the patient's Post-Polio Sequelae and work disability.

Yours truly,

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{DOCTOR}, MD

Cc: Social Security Administration Acting Commissioner Nancy A. Berryhill, Senator { },  
Senator { }, Congressperson { }