

Standard treatment guidelines for Poliomyelitis

Clinical features	<ul style="list-style-type: none">- Inapparent infections (95% cases)- non-paralytic infections (about 5%)- paralytic cases 0.5% cases- acute attack can cause death in 2-10% of case- non-paralytic infection is manifested by fever, sore throat, headache, nausea, vomiting, diarrhea and rigidity of the neck and back lasting for 2-10 days- paralytic attack manifested by acute flaccid paralysis of the muscles of the limb or the trunk and face followed by maximum recovery within 6 months.
Investigations	<ul style="list-style-type: none">- X-rays of the affected area as per the requirement- Evaluation of the motor weakness by muscle power charting by Medical Research Council (MRC) grading system- nerve conduction studies and electromyographies.- Complete Haemogram, Bleeding time, Clotting time, Complete urine examination for pre-anaesthetic check up
Treatment	<ul style="list-style-type: none">- The acute poliomyelitis is managed by pediatricians and the orthopedics management include only the splintage of the extremity- residual motor weakness: Prescription of orthosis/calipers and its fitting, corrective cast application, orthosis and walking aids (like sticks, crutches, walkers etc), and wheel chair/tricycles- all surgeries for the correction of deformity: tendon transfer (dynamic), the osteotomies/tenodesis, tendon lengthening, tenotomies, capsulotomies and arthrodesis

