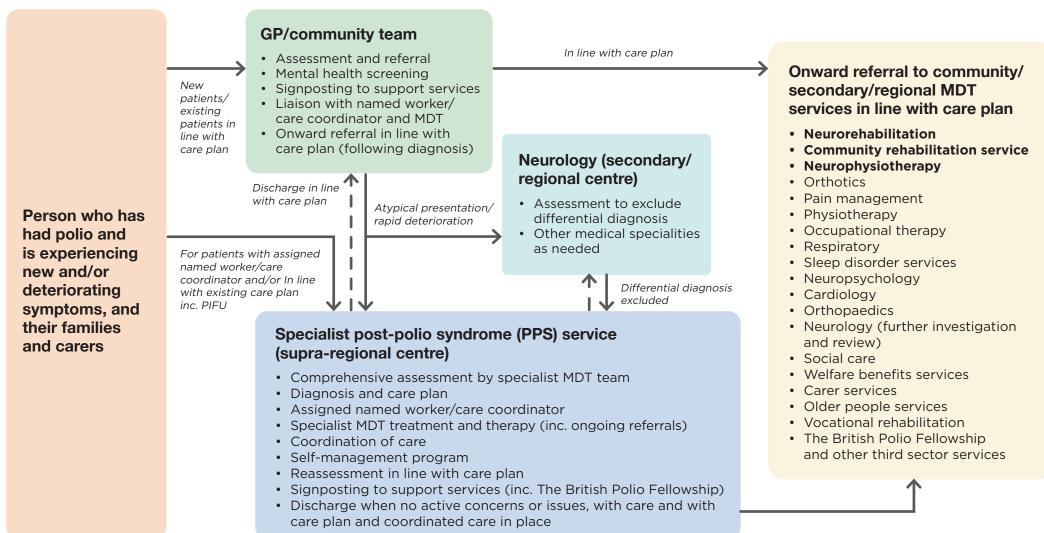
Optimal clinical pathway for polio survivors: summary

(including the late effects of polio and post-polio syndrome)





Information, education, advice, supported self-management, shared decision-making, family and carer support, access to research opportunities at all levels

MDT: Multi-disciplinary team; PIFU: Patient initiated follow-up; PPS: Post-Polio Syndrome; LEOP: Late effects of polio

Principles of the pathway

- 1. Polio survivors with first or new symptoms should be assessed and diagnosed by a specialist postpolio syndrome (PPS) service with an experienced MDT team. Atypical presentation and/or rapid deterioration may require assessment to exclude differential diagnosis.
- 2. Polio survivors with a diagnosis of LEOP/PPS should have a care plan.
- 3. The specialist PPS service should be responsible for development of the personalised care plan, overall co-ordination, and ongoing management with local and/or regional referral in line with the care plan.
- 4. Polio survivors should have a named worker/care coordinator that is responsible for care coordination, assessment, triage, signposting, and liaison with relevant services in line with the care plan.
- 5. Ongoing care and support should be **kept local** to the patient when possible.
- 6. Care is **person-centred** and promotes shared decision-making.
- 7. Care is coordinated around the patient's needs, underpinned by communication between specialist PPS service and local and regional teams.
- 8. Polio survivors have access to integrated services with access to neuropsychological and mental health services across the pathway.

Snapshot of MDT network for the treatment and management of common symptoms and/or presentations

Gastroenterology

Bowel/bladder function

Urology

Fatigue

- · Rehabilitation medicine
- Physiotherapy
- Occupational therapy

Difficulty swallowing

- · Ears, nose and throat services
- Dietetics
- Speech and



Social care

Third sector services

Mental health, cognitive

New weakness

- · Rehabilitation medicine
- Occupational therapy
- Orthotics
- Physiotherapy
- Neurology (nerve conduction study) (NCS)/electromyography (EMG))
- (Radiology (magnetic resonance) imaging (MRI))

Assigned named worker/care coordinator

Polio survivor and families/ carers

Frequency of review/

reassessment

established

Communication between services

Social/vocational

- · Mental health services
- · Vocational rehabilitation
- Workplace occupational
- Faith-based/cultural services
- Older people services
- Social care
- Welfare benefits services
- · Third sector services

Shortness of breath/ difficulty breathing at night

- Respiratory
- Sleep services

Polio survivors often see a wide range of healthcare professionals, both specialist and non-specialist across different settings. This requires well-coordinated care and robust, resourced pathways.

Functional deterioration

- · Rehabilitation medicine
- Physiotherapy
- Occupational therapy
- Social care
- Third sector services

Pain

- Rehabilitation medicine
- Orthotics
- Physiotherapy
- Orthopaedic surgery
- Occupational therapy
- Neurology (EMG)

Falls and fractures

- · Rehabilitation medicine
- Orthotics
- Orthopaedic surgery
- Older people services
- Neurology (EMG)
- Radiology (MRI)
- Occupational services
- · Specialist pain management team

- Radiology (MRI)

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Approved by the Association of British Neurologists (ABN) and the Royal College of General Practitioners (RCGP)