

Dr. Leslie Speaks to APPA at the August 5, 2006 Meeting

Long time friend and faithful APPA supporter, Dr. Donald Leslie, was the featured speaker for the August meeting. Dr. Leslie is the newly named Medical Director of Shepherd Center and its past Outpatient Program Director. In that initial role, he led the way for the creation of the Post Polio Clinic at the Shepherd Center.

In opening remarks Dr. Leslie summarized his position on treating polio patients. Based on nearly 20 years experience and sound research knowledge, he guides and encourages each patient to strive to sustain their current level of strength by following defined physical limits determined for each patient. This individual approach has proven to be valid.

Dr. Leslie announced the current and future arrangements planned for Shepherd Center and new staff members, as it affects his many patients (many of whom are APPA members). His medical staff is nine strong now and includes three new members. Present for this meeting were Dr. Bert Blackwell and Dr. Eric Shaw. Both of these staff members are sub-specialized in pain management, besides their training in physical medicine and rehabilitation and acupuncture. The latter training, Dr. Leslie emphasized, will not be their initial approach to treating patients, as most medical insurers will not pay for these treatments. However, acupuncture is applied to patients experiencing severe pain.

Dr. Blackwell is the Director of Pain Medicine for the new Shepherd Center Pain Institute, which is about one year away from completion. He responded to questions from the audience as follows:

1. A pain problem believed associated with Multiple Sclerosis (MS) or Post-Polio Syndrome (PPS). Dr. Blackwell said the information was insufficient to make that diagnosis. In his approach, he would examine the patient to identify each and every source of pain to fully identify the problem before treating it.
2. Use of Ibuprofen (800 mg per day taken with milk) to treat muscle and joint pain but still experiencing some discomfort. Dr. Blackwell commented that increasing the dosage could be a solution, as the FDA allows up to 2400 mg per day. He cautioned that exceeding 2400 mg per day causes serious kidney and other problems. He indicated other pain medicines could be more appropriate to providing relief, as could an additional medication with Ibuprofen. Once the source of the pain is determined to be local or in all joints and/or muscles, a treatment can be prescribed. His patients have the right to reject suggested approaches such as injections.
3. Use of Hydrocodone for treatment of pain providing release from pain and a sense of "well being." Dr. Blackwell indicated that Hydrocodone is a low level narcotic that is usually combined with Ibuprofen or Tylenol. It provides pain relief through the nervous system. As such it can induce sleepiness, confusion and constipation, as well as a sense of "well being." However, he commented that this medication can be used but will develop a need for more dosage if not used just occasionally.

4. A reaction (itching sensation) to Morphine following surgery but not with a subsequent usage. Dr. Blackwell advised that even though allergic reactions to narcotics are rare, this person should list morphine as an allergy. He commented this is not a big concern as there are numerous alternatives to Morphine that could be selected.

The next speaker was Dr. Shaw, who also has a degree in Biomedical Engineering. He considers PPS to be accelerated arthritis of the body. He responded to the following questions from the audience:

5. A Bulbar polio patient experiencing shoulder pain, shortness of breath and respiration pain. Dr. Shaw commented that in treating these symptoms great care must be made to protect the lungs. He added that medication/narcotic treatments might not be effective in treating these symptoms. Further, medication allergies could result from a combination of drugs and must be avoided. It is, therefore, important to classify medications and determine best compromise, particularly what the patient can tolerate. He believes that the use of long needles to specifically treat an area deep within the body can optimize the patient's functionality and release from pain, which is the immediate goal. Dr. Leslie interjected that the ultimate goal of staff physicians is to eliminate the pain, or lessen the pain, or make it tolerable.

To get in contact with the Pain Institute, call Shepherd Center's main telephone number (404-352-2020) and ask for the Pain Institute.

Dr. Leslie responded to the following questions:

6. Current use of acupuncture at Shepherd Center. Dr. Leslie indicated that he devotes one-half day per week to the treatment of chronic pain. He feels there is a place for acupuncture. However, he believes that all PPS patients must have a thorough assessment of their problems before treatment can be adequately defined. He also reminded the audience that they must stop over-exerting themselves before they get to the fatigue status to avoid permanent loss of muscle fibers. Further, he recommended that PPS patients learn to compensate to preserve a joint that is not totally functional to protect it. For example, use a good arm to protect the less functional one from overuse to retain its functionality.

7. Other staff changes. The new staffing includes a Nurse Practitioner, Laurie Schmeier. Although she is able to conduct initial PPS patient screening, Dr. Leslie prefers that doctors do this for now. Her role will expand, however. In addition, there are two new PPS doctors on staff. The first is Dr. Daryl Kailan, who specializes in brain injuries. The other is Dr. John Lin, who serves as their expert Physiatrist and Internist.

8. More information on the new addition. The new addition to the Shepherd Center is referred to as the Jane Woodruff Pavilion (JWP). It is 10 stories tall (seven stories above ground), mainly doubling the size of the current center. The JWP will add 30 more beds that now will have private rooms and baths. This

modification serves to reduce the spreading of infections, for which the Shepherd Center has the lowest infection incident rate in metro-area hospitals. The JWP also expands the size of the Outpatient Clinic.

9. Ways to contact you and your office. As many of Dr. Leslie's patients email him prior to their appointment with a summary of their concerns, this allows time to enlist the help of specialist to better cope with the concerns of the patient. He reported that the national average time a physician actually sees a patient is about 47 seconds. He stated that this situation would not occur with Outpatient Clinic patients. Although he gets over 400 emails a day, he can be reached at Donald_Leslie@Shepherd.org (Note: An underscore exists between d and L) or by FAX at 404-350-7381.

10. Parking facilities for the JWP. There will be a new parking deck for the JWP. It will be attached to a unit containing 80 condominiums that the Shepherd Center will use to house the families of patients for the first month of hospitalization of the family member.

11. A broken metatarsus (part of the foot between the ankle and the toes) causing some loss of use of that area after healing. Dr. Leslie indicated that callous formation around the breaks in the bone affects the areas where the muscle attaches to the bone causing some loss. He added that there is some corresponding loss of bone matrix (substance) that contributes to some loss in strength. Use of physician prescribed exercise machines to provide continuous motion to the injured area and subsequent physical therapy could reduce this loss. For PPS patients he reported that home therapy by trained therapists has greatly improved and should be considered. This home treatment will reduce recovery time while avoiding the exhaustion of going to a clinic.

12. Use of the prescription drug, Fosamax, to treat osteoporosis. Dr. Leslie explained that this medication must be used very early in treating osteoporosis to be most effective. There are other factors that need to be addressed before treating osteoporosis, he continued, such as bone density and calcium and phosphorous levels testing. In addition, CMP (Comprehensive Metabolic Profile) and lipid panel testing need to be completed. In general most people today see more than one physician and none of the physicians know what the others are prescribing. For this reason he recommended designating one of those physicians to receive all reports from the other physicians to monitor your treatments. He recommended that when patients go to so see their physicians that they provide a summary of the prescribed and alternative medications they are taking. They should know the brand names of the medications (as well as the generic names), why they are taking the medications, and the dosages levels. He recommended keeping this information in purses or wallets in case of emergencies.

Dr. Leslie ended his presentation with some very good news. He indicated that conditions are looking very positive for his new research staff to begin studying the use

of Stem Cells for repairing spinal injuries. As polio is an attack on the anterior horn cells attached to the spinal column, it is his opinion that the FDA should approve this work. On August 14, 2006 he will be in Washington, D.C. to gain permission to study the application of Stem Cells in this area. He recently obtained non-governmental approved Stem Cells for this research from a New Orleans hospital and nearly \$40 million dollars to fund the research.

By Ron Swor

Disclaimer

The information provided herein represents what the author believes he heard during the August 5 presentation. The author is not medically trained and for this reason may not have recorded an accurate accounting or understanding of the medical treatments discussed. Further, neither he nor APPA assume any responsibility for the accuracy of the information provided. It is, therefore, highly recommended that all and any information provided be confirmed with your physician before attempting to apply any of the indicated treatments or medications. It is hoped that this summary serves to apprise the reader of the progress being made in the treatment of PPS and the available physicians and medical services at Shepherd Center.