



# Pain and how to manage it

A guide for people with Polio  
or Post Polio Syndrome (PPS)

today's support and information network

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## Introduction

This factsheet is for anyone who had Polio or has Post Polio Syndrome (PPS) who would like to learn more about pain and how it may be managed.

Pain has the potential to make dramatic changes to someone's life - affecting both their physical and emotional well being and their ability to remain active and independent.

Pain management is not about curing pain - it is a realistic approach to living with pain and creating a better quality of life for yourself.

No two people who had Polio or have PPS are going to have the same experience of pain and each will cope with it in his/her own way. Different methods of pain management work for different people. It is important to find which work best for you.

When dealing with pain, there are no easy answers or quick-fix solutions. Painkillers alone can only go so far to control pain. The long-term management of pain is about applying a range of treatments and techniques to help you handle it better and reduce its effect on your life.

With successful pain management, people who had Polio or have PPS are able to get on with living as full a life as possible.

By producing this factsheet, The British Polio Fellowship is not recommending any particular method or treatment for managing pain.

## Post Polio symptoms

People who had Polio years ago and made a full recovery may now be experiencing new symptoms. These can include new or increased muscle weakness and fatigue with or without other symptoms like muscle and joint pain, muscle atrophy or wasting, breathing or swallowing difficulties or cold intolerance.

## What is pain?

This may seem like a silly question, as everyone has experienced pain at some point in his or her life, whether short and sharp or a long lasting ache. But not everybody understands how and why pain happens.

Pain is usually the body's way of telling us that something is wrong. Most of the pain we experience is caused by actual or threatened damage to the tissues in our bodies, such as muscle and bone.

Most of the tissues and organs of our bodies are served by a network of sensing nerves. These are different nerves to the ones that aid muscle movement - the motor neurons - that can be damaged or destroyed by the Polio virus.

The sensing nerves pick up information about any damage, or threat of damage. Chemicals are released, which excite nearby nerve fibres.

Messages about the damage are then carried to the brain via the spinal cord. In specialised areas of the brain, the messages are interpreted as pain coming from the area affected by the damage.

Healthcare professionals use different terms for different types of pain. Short-term pain, such as that from a punch, is called acute, long-term continuous pain is called chronic and pain that comes and goes is called recurrent.

Pain can be a very helpful warning sign that damage within the body has started to occur, eg joints becoming irritated.

## Why do people with Polio or PPS experience pain?

In people who had Polio or have PPS, pain may be caused by a number of factors. These include the overuse of weak muscles and the strain on joints, limbs and other parts of the body caused by weakness, paralysis, abnormal posture, gait and body movements (particularly when substituting for weak muscles) and the long-term use of crutches, callipers and manual wheelchairs.

This pain may be acute, chronic or recurrent, depending upon the cause and some people may experience one or more of these.

## Descriptions of pain

People who had Polio or have PPS describe their pain in many ways, including dull aches and/or sensations of throbbing, cramping, burning, twitching, shooting, stabbing, pins and needles and stinging.

## Examples of types of Polio/PPS-related pain

### Post Polio muscle pain

Post Polio muscle pain occurs in muscles affected by the original Polio illness and is described as either a deep or a superficial aching pain. People may also experience cramping and fasciculations, often described as a crawling sensation. This type of pain often occurs at night-time or the end of the day and is worsened by physical activity, stress and cold temperatures. It usually decreases or disappears with rest.

This type of pain may be useful in that it can help patients begin to recognise PPS symptoms and also when they may be overdoing activities, in order to apply energy management techniques (see Pacing and energy conservation).

### Overuse pain

This type of pain includes injuries to soft tissue, muscles, tendons, bursa (small fluid-filled sacs that help to reduce friction, such as around joints) and ligaments. A common example is tendonitis from overuse of the shoulders. People who had Polio usually have more leg than arm muscle weakness and will use their relatively stronger upper body to compensate for their relatively weaker lower one, for movements such as getting up from a chair, climbing out of the bath or walking with crutches.

### Biomechanical pain

Biomechanical pain occurs as a degenerative joint disease (DJD), lower back pain (particularly when hip muscles are weak or there is scoliosis - curvature of the spine) or pain from nerve compression syndromes, such as carpal-tunnel syndrome.

Weakness brought about by Polio-affected muscles, as well as poor body mechanics, makes the joints more susceptible to the development of DJD. Years of walking on unstable joints and supporting tissue increase the chance of developing further pain and deformity. Those who use manual wheelchairs or devices such as callipers, walking sticks and crutches are prone to DJD, or overuse syndromes in their upper extremities, especially the wrists (ie carpal-tunnel syndrome) and shoulders.

### Back pain

People who had Polio may have skeletal abnormalities, such as scoliosis, which put strain on the spinal bones (vertebrae) and supporting muscles, tendons, ligaments and tissues supported by the spine, resulting in pain.

A common cause of lower back pain in people who had Polio is sacroiliac dysfunction. The sacroiliac (SI) joints are on each side of the lower back, at the top of the buttocks. They connect the base of the spine (sacrum) with the hips/pelvis (ilium).

Sacroiliac pain is caused by too much movement (hypermobility or instability) or too little movement (hypomobility or fixation). It is usually described as sharp and stabbing or a dull ache and can be worsened by twisting, sitting for long periods or standing with a sway back. Legs of unequal length, an imbalance of muscle in the legs, poor trunk and abdominal muscle control, weight gain, scoliosis, abnormal gait, poor postural habits and trauma or injury from a fall can all cause sacroiliac joint dysfunction.

There are of course many possible causes for back pain and not all of these are directly related to Polio or the health of the back. Some causes are more serious than others, but it is always a good idea to consult your GP, particularly if the pain is new.

### Neuropathic pain

This type of pain is caused by a problem with one or more nerves themselves. There is often no 'injury' or tissue damage that triggers the pain. However, the function of the nerve is affected in a way that sends pain messages to the brain. Neuropathic pain is often described as burning, stabbing, shooting, aching, or like an electric shock. A better-known example of neuropathic pain is the pain of shingles.

## Other health conditions that can cause pain

Many people who had Polio or have PPS have fibromyalgia (pain in the fibrous tissues of the body), which is usually described as throbbing, burning or twitching sensations. Osteoporosis is also common and this can cause painful fractures.

Rheumatoid arthritis or osteoarthritis are also frequently a problem for people who had Polio or have PPS. Arthritis pain can be caused by the inflammation of joints, which can cause swelling and loss of movement.

## Chronic pain

Acute pain usually has an identifiable cause and often has more visible signs, such as redness, heat and swelling. It can normally be relieved by treatment.

Chronic (sometimes called persistent or long-term) pain is often less directly connected to actual harm, occurs in diseases and conditions where healing does not take place and is thought to be due to changes in the nervous system. Signs of chronic pain are often less definite and it may change location within the body.

Most people with chronic pain have some level of pain all the time and feel more intense pain in response to movement, changes in temperature or when they are ill, upset or anxious. Your instinct will be to protect your body by moving it as little as possible or holding it in a stiff way. This can lead to a loss of strength, flexibility and range of movement. It is therefore important to keep as active and mobile as you can.

Many people living with chronic pain may find that the pain impacts on other areas of their life. This could include feeling isolated, lonely and excluded from mainstream society. They may struggle to maintain relationships with friends and family, employers and colleagues. Loss of employment, withdrawal and depression are commonplace.

## Causes of pain

It is important to remember that there could be something other than Polio or PPS that is causing your pain. Also, if you had Polio and are experiencing pain, this does not necessarily mean that you have developed PPS. Even if you have been diagnosed with PPS, the cause(s) of your pain should be thoroughly investigated. The pain could be the result of any number of factors, from the benign to the very serious.

## Responding to pain

No matter what is causing the pain, each person's experience of pain and how he or she responds to it is unique. You are the only person who will fully understand your pain.

Irritation, anger, frustration, hopelessness, a sense of unfairness and other unhelpful feelings commonly experienced by people with chronic pain can increase tension in muscles and joints, which can cause more pain. They also increase tiredness, make focusing away from pain more difficult, and can prevent you from enjoying positive experiences.

Many things influence our experience of pain and its emotional effects, such as personality type, coping strategies, home and work environment and the availability of supportive networks (family, friends and support groups).

Our core beliefs can also make a huge difference. Core beliefs are strongly held, rigid and inflexible beliefs about ourselves, other people and the world, which develop over time, usually from childhood and through the experience of significant life events or particular life circumstances. Examples of negative core beliefs are "I am powerless" or "I'm unlovable"- these are potentially very destructive if not challenged and worked through.

Anxiety and depression can also have a significant effect on the levels of pain experienced. Working to reduce these problems can also reduce some aspects of pain. Being in pain is in itself stressful and distressing and you may wish to be referred to a counsellor, psychologist or other relevant professional.

See Talking therapies for further information.

## The pain cycle

Fatigue is already a problem for many people who had Polio or have PPS and pain can often worsen this. People can become caught up in a cycle of pain, fatigue, negative thinking, depression and stress, which can make the pain seem worse and therefore much more difficult to deal with. Learning to manage pain can help to break this cycle.

## The pain barrier

It is thought that many methods of pain control help to reduce pain by directly closing or blocking what is known as the pain barrier.

As explained previously, pain signals travel to the brain along the spinal cord. The pain barrier is a way of describing whether these signals are allowed to travel to the brain, or are prevented from reaching it.

Closing or blocking this "barrier" in the spinal cord can prevent the signals from reaching the brain, where they are recognised as pain. Both physical and psychological factors are at work here.

If the brain is occupied with other things, the effect of the pain signal can be reduced and you feel less pain. An example of how the pain barrier works is when a mother who is so caught up in the aftermath of her child being injured, does not notice that she has been stung by a wasp just before the accident (this is a true story!) Once she knows her child is going to be okay, the pain "breaks through" the pain barrier and she notices that she has been stung.

The brain and spinal cord can release their own natural painkillers - known as endorphins - that can close the pain barrier naturally. There are various methods of stimulating nerves to release endorphins and block pain. These include massage, heat and physiotherapy. Pleasurable pursuits and positive thinking also have a significant effect in reducing the amount of pain you feel and helping you to respond to it in a more positive way.

## Getting your pain assessed

If you are experiencing new pain, or there has been a worsening or a change in any pain you already have, talk to your GP, who will be able to refer you for further investigations.

The first step in assessing pain in someone who had Polio is to decide if a diagnosis of PPS is appropriate. As there is no single diagnostic test for PPS, a number of tests will need to be carried out to see if the symptoms are being caused by other conditions.

A neurologist can carry out muscle tests and an orthopaedic consultant or rheumatologist can assess the health of your joints. Your GP may decide to refer you to see a physiotherapist or a rehabilitation consultant.

It would be beneficial to see (a) healthcare practitioner(s) who has/have knowledge of Polio and PPS and/or experience of dealing with people who had Polio. You can contact the Support Services team at Central Office for a list of interested healthcare practitioners.

### Pain specialists and clinics

Pain specialists are doctors who specialise in treating patients with chronic pain. They usually work in pain clinics.

Pain specialists will sometimes carry out tests to investigate the cause of the pain. They can offer a range of drug treatments, some of which may offer pain relief over a period of weeks or months. Some pain clinics offer pain management programmes (see Talking therapies).

## Pain management methods

Methods used to manage pain in people who had Polio or have PPS may include the following:

1. Lifestyle changes (eg pacing activities, stress management)
2. Looking after your general health
3. Medication
4. Physical therapies
5. Talking therapies
6. Assistive equipment and adaptations
7. Orthotics

Methods of pain management are explained in more detail in the following pages.

## Helping yourself

Many people who had Polio or have PPS and have chronic pain see one or more healthcare professionals for help, support and treatment. However, it is neither practical nor realistic to rely solely on professional help. Taking control of your life, making necessary changes to help minimise your pain and be less troubled by it, is both effective and empowering and will enhance any professional treatment you are receiving.

## Accepting that you have pain

The first, most important and often the most challenging step towards successful pain management is accepting that you have pain. Once you are able to do this, you can begin to move forward.

Accepting that you have pain does not mean that nothing can be done and you may as well give up. Acceptance means arriving at a place where you are aware of the reality of your pain, but are open to trying more ways in which to help yourself.

Acceptance will come more easily to some people than others. Don't be too hard on yourself if you find it difficult, or if your feelings vary from one day to another - talk about your feelings or write them down. Above all, be kind to yourself.

## Getting to know your pain

You may think that this is a rather strange idea. Really getting to know your pain, however difficult this may be, can help to remind you that it is not you, but something separate from you, with its own characteristics, which ebb and flow during the day.

You might like to try keeping a detailed "pain diary" for a few days. Be creative: give your pain a colour, a form; describe it in words. Note the things that make it worse, or that reduce it. Do you notice any patterns emerging? When you have done any of these exercises, consider how your thoughts about your pain have changed.

## Pacing and energy conservation

It is all too easy to get into what is known as the Boom and Bust cycle, where fatigue from overactivity (the Boom phase) leads to a forced period of underactivity (the Bust phase), which results in a decrease in fitness, meaning it is then easier to overdo activities (back to the Boom phase). This is further explained in our leaflet, [Pacing for Activity and Exercise](#).

Pacing and energy conservation are probably the most important strategies for managing post-Polio symptoms and avoiding the Boom and Bust cycle. Pacing means a way of recognising your own individual baseline of activity, so instead of continuing an activity to the point of exhaustion (and pain), you stop before that point.

Pacing your day-to-day activities is absolutely vital when managing pain, not only to avoid causing long-term damage and more pain, but also to allow you to keep doing the things you need and want to do.

[Pacing for Activity and Exercise](#) gives more information about pacing, conserving energy and how to work out a baseline of activity.

## Sleep

It is a good idea to get into a routine of winding down before you go to bed, to calm your mind and body. A warm bath is very helpful, as are doing specific relaxation exercises, creative visualisation (using your imagination to create clear “images” of a desired scenario in your mind) or listening to relaxing music.

Try not to eat your evening meal too late - allow at least a couple of hours before you go to bed. It also helps to avoid caffeine, nicotine and alcohol.

Some people find that avoiding the television helps them to literally “switch off” at the end of the day - others find that reading a book that is not too taxing works wonders.

If you use painkillers, taking them in the evening can help some people get a better night's sleep. Others find using a TENS (transcutaneous electrical nerve stimulation) machine (see Physical therapies) reduces pain enough for them to get to sleep.

If you can't sleep, get up and do some relaxation exercises in another room, so that you don't start to think of your bedroom as somewhere where you can't sleep.

If lying in bed is uncomfortable or painful, equipment is available to help with your position or movement in bed, or turning over. A support frame can keep bedclothes from touching your legs, if this is causing pain.

## Healthy eating and weight control

Eating a healthy, balanced diet will improve your general health and well being, helping you to deal better with your pain.

Good nutrition can also help you maintain a healthy weight, which can reduce strain on muscles and joints, and therefore reduce pain.

For further information about eating a healthy diet, see our factsheet, [Healthy eating - a guide for people with Polio or Post Polio Syndrome \(PPS\)](#).

## Medication

Painkilling drugs can make a dramatic improvement to the quality of life of many people living with chronic pain. A reduction in pain can improve sleep and therefore fatigue levels and your ability to function on a day-to-day basis. This can have a very positive effect on your physical and emotional well being, as well as your general quality of life and personal relationships.

Even if taking medication is not your first approach to pain relief, it is useful to know what the options are. You may wish to talk to your GP about what is available.

Some people may be reluctant to take painkillers. This may be because of concerns about side effects. All drugs unfortunately have potential side effects and you may have to weigh up the possibility of these against the obvious benefits of reduced pain. Some people may worry about becoming dependent upon painkillers. If you have any concerns, talk them through with your GP.

You should always seek medical advice before taking painkilling drugs and always inform your doctor and pharmacist of all the medication you are taking.

Further information about painkillers is contained in our factsheet, [What you should know about your medication - a guide for people with Polio or Post Polio Syndrome \(PPS\)](#).

There are lots of mental and physical activities that you can do to reduce the amount of pain you feel and change how you respond to it.

## Physical therapies

### Exercise

Taking regular exercise can help you manage your pain. It may be tempting to avoid exercise altogether, for fear of injuring yourself and making the pain worse, but keeping moving will maintain fitness and help your body cope with pain better. Exercise can also release endorphins and increase self-esteem and well being, which also help minimise the impact of pain.

As with pacing, exercise needs to be tailored to the individual, so you are advised to seek help from a registered physiotherapist.

Varying your activities will ensure that you stick to an exercise regime. Little and often is key. Build up slowly and regularly over a few weeks, remembering to warm up and cool down.

Gentle stretching exercises such as yoga or Pilates can help maintain flexibility, while non-fatiguing aerobic exercise can improve the stamina of the heart and lungs, improve blood circulation, lower blood pressure and aid relaxation and sleep - all of which will improve pain management.

For further information about exercise, see [Pacing for Activity and Exercise](#).

### Physiotherapy

Physiotherapists can offer a tailored programme to help patients manage chronic pain. This may include specialist exercises, posture management and hydrotherapy.

### Hydrotherapy

Hydrotherapy is the use of water to treat a variety of conditions, such as arthritis or back pain. Doing special exercises in a warm-water pool, usually within a hospital physiotherapy department, allows muscles to relax, eases pain and increases the range of movement of joints and can help improve muscle strength.

A physiotherapist will decide if you would benefit from hydrotherapy. You do not have to be able to swim to have hydrotherapy and a physiotherapist will always be in the pool with you.

### TENS

Some people who had Polio or have PPS find TENS machines helpful as part of a pain management programme. TENS stands for Transcutaneous Electrical Nerve Stimulation. TENS machines deliver small electrical pulses to the body via electrodes placed on the skin. It is thought that pulses from the TENS machine “block” pain signals from the source of the pain to the brain. If the brain receives fewer signals, we may then feel less pain.

### Relaxation

Muscle tension and stress and anxiety can worsen pain, so learning to relax is a very important part of the pain management process.

Relaxing pursuits, such as listening to soothing music, light reading and gardening can be helpful. You may also wish to try relaxation exercises, guided relaxation CDs, deep breathing or meditation. Try and make time for relaxation every day.

## Heat

Everyone will appreciate how comforting a hot compress or hot water bottle can be, but heat can also physically shut down the pain response. Research has found that if heat of more than 40C (104F) is applied to the skin near where pain is felt, it activates heat receptors, which block the body's ability to detect pain.

There is a wide range of heat products available on the market, including microwaveable wheat bags, pads and pillows, battery heated socks, hand warmers and, of course, hot water bottles.

## Complementary therapies

Although there is insufficient clinical research in this area, some complementary therapies, such as acupuncture, osteopathy, Alexander Technique and hypnosis, have been found to be effective in helping some people manage their pain.

For further information, see our factsheet, [Complementary therapies - a guide for people with Polio or Post Polio Syndrome \(PPS\)](#).

## Talking therapies

According to a survey carried out by the British Pain Society, 49% of people with chronic pain become depressed.

Talking therapies can help people come to terms with their pain and explore the way it is affecting them and their daily life.

Talking to a counsellor, psychotherapist or psychologist allows people to work through their feelings about their pain and to find ways of making changes to help them cope with it better.

## Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) is a talking therapy that was originally developed to help treat depression, but the techniques it uses have been found to be highly effective for treating a range of problems, including compulsive behaviour and drug and alcohol addiction.

The basic idea behind CBT is that the ways we think, feel and behave are very closely linked. Changing the way we think about ourselves, our experiences and the world around us, changes the way we feel and what we can do.

During CBT, the therapist helps the person to identify and challenge their negative thoughts, which can help them escape the cycle of negative thoughts and feelings. The therapist also shows the person different ways to cope with unhelpful thinking and behaviour patterns.

CBT has been found to be very helpful for people living with chronic pain, particularly where anxiety appears to be a strong component eg the person frequently seeks reassurance, worries persistently and avoids specific movements or situations.

There is an increasing range of pain management self-help manuals available, many of which use CBT principles and techniques. While these can certainly be very helpful, they are no substitute for a suitably qualified therapist.

## Pain management programmes

Pain management programmes are usually run in hospital pain clinics by pain rehabilitation teams. They often involve working in a group with other people experiencing chronic pain and programme lengths and numbers of sessions will vary.

A typical pain management programme is rather like a part-time course, helping people learn more about pain and offering practical strategies and coping skills.

Many people with chronic pain have found these programmes very helpful, particularly as they can receive support from others going through similar experiences and learn about others' coping methods.

## Expert Patients Programmes

Expert Patients Programmes are free self-management courses delivered by trained tutors who have experience of living with a long-term condition. Your GP or pain specialist should be able to advise you of Expert Patients Programmes for pain management in your area.

## Equipment and adaptations

Equipment that you use in your daily life could be making your pain worse, so it may be a good idea to think about what could be changed, modified or used less frequently. Getting a professional opinion - an assessment from an occupational therapist from social services, or visiting a mobility or disability resource centre to try out equipment may be helpful.

### Mobility aids

If you use mobility aids, you may want to think about how you could adapt or change them in order to make them more comfortable to use. For example, if you use crutches, consider changing to lightweight ones or those with foam covered handles or hand grips shaped to evenly distribute weight across your palms.

If the long-term use of crutches has caused wrist and shoulder problems, you might want to think about switching to a wheelchair or scooter. This may be a very challenging step for some people, so you might want to try alternating between the two methods, at least at first.

If you use a manual wheelchair, you might want to switch to a powered wheelchair or scooter.

Other equipment to consider include raised chairs, adapted beds, bathroom adaptations and kitchen equipment, such as easy-grip knives and other utensils.

## Orthotics

If you use orthotics, talk to your orthotist about any problems you are having - do not suffer ill-fitting callipers or orthopaedic footwear in silence.

A wider range of orthoses is available privately than on the NHS, including lightweight callipers. The Support Services team at Central Office can send you a list of orthotics and orthopaedic footwear manufacturers, suppliers and private clinics.

For further information, see the following factsheets: [Callipers and Insoles through the NHS](#); [Orthopaedic Footwear through the NHS](#); [Orthotics and Surgical Footwear through the Private Sector](#); [Problems with Footwear and Orthoses?](#)

## Ten useful tips for helping you manage pain

1. Accept that the pain is there. Your pain is part of your life, but it is not you. Don't fight against it, but work with it.
2. Be positive every day and make time for fun and laughter.
3. Seek help and support. Don't suffer in silence; talk about how you are feeling.
4. Pace your activities to prevent further pain - know when to stop.
5. Learn to relax and make sure you do this every day.
6. Do things that make you happy and keep your mind active - socialising, a hobby or interest, learning something new, for instance.
7. Join a pain management course or support group.
8. Look after your general health - eat a healthy diet, make sure you get enough sleep and maintain a healthy weight.
9. Keep a diary to record your progress. Learn from experiences that didn't work for you and note the successes you have achieved.
10. Keep an open mind and be willing to try new ways of helping yourself.

## Summing up

Not allowing your pain to take over your life is probably the best technique of all for managing it. Your pain may be a part of your life, but it is not all of it. Your life is still there to be lived.

## Further reading

### **Overcoming Chronic Pain- A self-help guide using Cognitive Behavioural Techniques**

by Frances Cole, Helen Macdonald, Catherine Carus and Hazel Howden-Leach.

Published by Robinson (London) 2005, ISBN: 978-1-84119-970-2

This book combines the expertise of a team of healthcare professionals and uses cognitive behavioural therapy techniques tested with patients in community and hospital programmes.

## Useful organisations

### **Action on Pain**

Action on Pain is a national charity dedicated to providing support and advice for people who are affected by chronic pain.

Action on Pain  
PO Box 134  
Shipdham  
Norfolk  
IP25 7XA

Telephone: 01362 820750  
Painline: 0845-6031593  
Email: aopisat@btinternet.com  
Website: www.action-on-pain.co.uk

### **Arthritis Care**

Arthritis Care is the leading UK charity supporting people with arthritis.

Arthritis Care  
Floor 4  
Linen Court  
10 East Road  
London  
N1 6AD

Telephone: 020 7380 6500  
Helpline: 0808 800 4050  
Email: info@arthritiscare.org.uk  
Website: www.arthritiscare.org.uk

## Arthritis Research UK

Arthritis Research UK is the only charity in the UK solely dedicated to investigating arthritis in all its forms.

Arthritis Research UK  
Copeman House  
St Mary's Gate  
Chesterfield  
Derbyshire  
S41 7TD

Telephone: 0300 790 0400  
Email: [enquiries@arthritisresearchuk.org](mailto:enquiries@arthritisresearchuk.org)  
Website: [www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

## Assist UK

Assist UK leads a UK wide network of Disabled Living Centres, where people may see and try products and equipment and get information and advice about what might suit them best.

Assist UK  
Redbank House  
4 St. Chad's Street  
Manchester  
M8 8QA

Telephone: 0161 832 9757  
Email: [general.info@assist-uk.org](mailto:general.info@assist-uk.org)  
Website: [www.assist-uk.org](http://www.assist-uk.org)

## BackCare

BackCare is a national charity that aims to reduce the impact of back pain on society by providing information and support, promoting good practice and funding research.

BackCare  
16 Elmtree Road  
Teddington  
Middlesex  
TW11 8ST

Telephone: 020 8977 5474  
Helpline: 0845 130 2704  
Website: [www.backcare.org.uk](http://www.backcare.org.uk)

## The British Complementary Medicine Association (BCMA)

Contact the BCMA for general information about different complementary therapies and finding a BCMA registered therapist.

BCMA  
PO Box 5122  
Bournemouth  
Dorset  
BH8 0WG

Telephone: 0845 345 5977  
Email: [office@bcma.co.uk](mailto:office@bcma.co.uk)  
Website: [www.bcma.co.uk](http://www.bcma.co.uk)

## The British Pain Society

The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK. It aims to promote education, training, research and development in all fields of pain and to increase both professional and public awareness of the prevalence of pain and the facilities available for its management.

The British Pain Society  
Third Floor  
Churchill House  
35 Red Lion Square  
London  
WC1R 4SG

Telephone: 020 7269 7840  
Email: [info@britishpainsociety.org](mailto:info@britishpainsociety.org)  
Website: [www.britishpainsociety.org](http://www.britishpainsociety.org)

## Depression Alliance

Depression Alliance is the leading UK charity for people with depression. It provides information and support via publications, supporter services and self-help groups, works with government agencies and healthcare professionals to improve the service provision for those affected by depression and campaigns to raise awareness amongst the general public.

Depression Alliance  
20 Great Dover Street  
London  
SE1 4LX

Telephone: 0845 123 23 20  
Email: [information@depressionalliance.org](mailto:information@depressionalliance.org)  
Website: [www.depressionalliance.org](http://www.depressionalliance.org)

## Disabled Living Foundation (DLF)

The Disabled Living Foundation is a national charity that provides impartial advice, information and training on daily living equipment.

Disabled Living Foundation  
380-384 Harrow Road  
London  
W9 2HU

Telephone: 020 7289 6111  
Helpline: 0845 130 9177  
Email: [info@dlf.org.uk](mailto:info@dlf.org.uk)  
Website: [www.dlf.org.uk](http://www.dlf.org.uk)

## Expert Patients Programme Community Interest Company (EPPCIC)

EPP CIC is a not-for-profit social enterprise providing self-management courses for people living with any long-term health conditions(s), through the NHS and other organisations interested in running self-management courses. Courses offered include a free Persistent Pain Programme.

EPP CIC  
Rutherford House  
Warrington Road  
Birchwood Park  
Warrington  
Cheshire  
WA3 6ZH

Telephone: 0800 988 5550  
Email: [get.info@eppcic.co.uk](mailto:get.info@eppcic.co.uk)  
Website: [www.expertpatients.co.uk](http://www.expertpatients.co.uk)

## Institute for Complementary and Natural Medicine

The Institute for Complementary and Natural Medicine is a registered charity that provides the public with information on complementary and natural medicine.

Institute for Complementary and Natural Medicine  
Can-Mezzanine  
32-36 Loman Street  
London  
SE1 0EH

Telephone: 020 7922 7980  
Email: [info@icnm.org.uk](mailto:info@icnm.org.uk)  
Website: [www.icnm.org.uk](http://www.icnm.org.uk)

## Mind

Mind is the leading mental health charity for England and Wales.

Mind  
15-19 Broadway  
London  
E15 4BQ

Telephone: 020 8519 2122  
MindinfoLine: 0300 123 3393  
Email: [contact@mind.org.uk](mailto:contact@mind.org.uk)  
Website: [www.mind.org.uk](http://www.mind.org.uk)

## National Osteoporosis Society

The National Osteoporosis Society is the only UK-wide charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis.

National Osteoporosis Society  
Camerton  
Bath  
BA2 0PJ

Telephone: 01761 471771 / 0845 130 3076  
Helpline: 0845 450 0230  
Email: [info@nos.org.uk](mailto:info@nos.org.uk)  
Website: [www.nos.org.uk](http://www.nos.org.uk)

## The Neurological Alliance

The Neurological Alliance is the collective voice of over 70 brain and spine charities and other key stakeholders in England. It campaigns locally and nationally for better services for people with a neurological condition.

The Neurological Alliance  
Dana Centre  
165 Queen's Gate  
London  
SW7 5HE

Telephone: 020 7584 6457  
Email: [admin@neural.org.uk](mailto:admin@neural.org.uk)  
Website: [www.neural.org.uk](http://www.neural.org.uk)

## NHS Direct

NHS Direct is the telephone nurse advice and information service, available 24 hours a day, 365 days a year.

Telephone: 0845 4647  
Website: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## Pain Concern

Pain Concern is run by people with chronic pain, providing information and support for patients and carers.

Pain Concern  
Unit 1-3  
62-66 Newcraighall Road  
Fort Kinnaird  
Edinburgh  
EH15 3HS

Telephone: 0131 669 5951  
Helpline: 0300 123 0789  
Email: [info@painconcern.org.uk](mailto:info@painconcern.org.uk)  
Website: [www.painconcern.org.uk](http://www.painconcern.org.uk)

## The Pain Relief Foundation

The Pain Relief Foundation is a UK charity dedicated to funding research and education into the relief of chronic pain. It also provides leaflets designed to help and support patients and chronic pain sufferers, as well as providing specially prepared self-help audio cassette tapes and CDs.

The Pain Relief Foundation  
Clinical Sciences Centre  
University Hospital Aintree  
Lower Lane  
Liverpool  
L9 7AL

Telephone: 0151 529 5820  
Email: [secretary@painrelieffoundation.org.uk](mailto:secretary@painrelieffoundation.org.uk)  
Website: [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk)

## For copies of any of our factsheets and leaflets, contact:

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Eagle Point  
The Runway  
South Ruislip  
Middlesex  
HA4 6SE

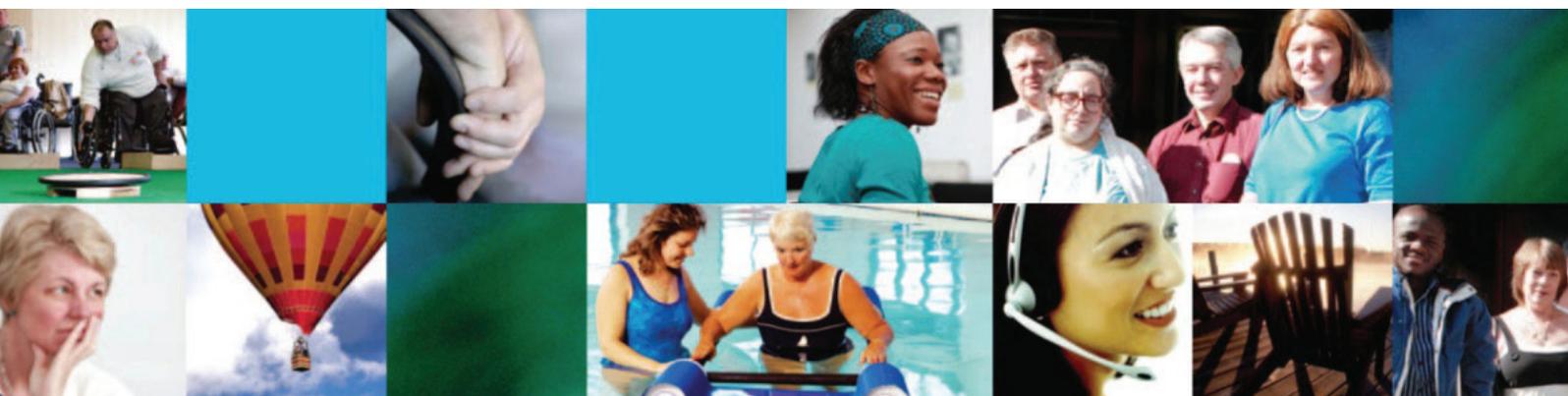
Freephone: 0800 018 0586  
Website: [www.britishpolio.org.uk](http://www.britishpolio.org.uk)  
E-mail: [infobenefits@britishpolio.org.uk](mailto:infobenefits@britishpolio.org.uk)

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## Medical Disclaimer

The information given in this factsheet is not medical advice and by providing it The British Polio Fellowship and its medical advisors do not undertake any responsibility for your medical care. Before acting on any of the information contained in this factsheet, you should discuss the matter with your GP or any other medical professional who is treating you.





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