CONCLUSION
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A study of two hundred and ninety patients having post-polio residual paralysis was carried out. Patients were examined clinically for involvement of different muscles and muscle charting was done accordingly. After interpretation of collected data, following conclusions were drawn:

1. **Age of involvement is maximum in 'below one year' of age group and incidence decreased sharply above ten years.**

2. **Males always predominated more than three times, in frequency of involvement when compared with females.**

3. **Upper limb involvement was negligible (5.4 percent) in comparison to lower limb (94.6 percent).**

4. **Unilateral involvement was much more common than bilateral involvement. Left upper limb was most commonly involved while both lower limbs were affected equally.**

5. **The involvement was on the whole more frequent at the hip and diminished in frequency towards the foot; that is the individual muscles in the upper segment were more often affected than in the lower.**

6. **Incidence of affection was maximum in hip flexors followed by quadriceps, hip abductors and tibialis - anterior and least in distal group of muscles.**
7. Incidence of paralysis was maximum in quadriceps followed by tibialis anterior, hip adductors and hip flexors. Distal group of muscles was again least paralysed.

8. The quadriceps, tibialis anterior and hip abductors as owed maximum susceptibility to paralysis. Intrinsic muscles of foot were the least susceptible.

9. Extensive diffuse involvement was much more common as compared to patchy involvement.

10. Segmental incidence of affection was maximum in first lumbar spinal segment followed by second and third lumbar spinal segments. Second sacral segment was least involved.

11. Segmental incidence of paralysis was maximum in second and third lumbar spinal segments and least in second sacral segment.