

Speaking from Experience

Stroke in Midlife USA

Transcript for Chapter 3 of 9: Rehabilitation

Colin & Caroline –

I was in hospital for about 2 or 3 weeks and then I was transferred to rehab for about a month and a half or so before they let me home.

Carmel –

My rehab started with occupational therapy, physical therapy and speech therapy. At the time, I didn't think I needed the speech therapy, but it was during speech therapy that we discovered how bad the left vision field cut was because they had me reading books and I didn't see the left hand side of the page with an open book. And then they had me try and write a letter to somebody and I completely wrote on only the right hand side of the paper, I didn't see the left side so speech therapy taught me to go ahead and to look to the left to do that, so I was able to start reading again after my stroke within about 2 and a half months, which was really nice because reading is one of my favorite things to do.

Cynthia –

The kinds of exercises I did during rehab were about being very safe and very careful, but starting to move the gross muscles first, the bigger muscles, and get me walking, which was extremely important to me. The ongoing process of recovery involves a lot of the tinier muscles, the muscles that attach to the knee and attach to the shoulder that are harder to get to than in just the first...of the physical therapy. The therapists are wonderful, they are fabulous, they tend to start from the bigger muscles and move in, but in the long range you have to get all those things working right. And I'm still working on it.

Colin & Caroline –

Caroline for the rest of her life will be doing 2-3 hours of therapy and exercise every morning. It's part of what she does in order for everything to remember how it works. Otherwise, walking is a cognitive skill where you have to think. Imagine if you had to think every time you put one foot in front of the other.

Dave –

It's really all about rehabbing your brain and therefore you have to respect the fact that your brain needs recovery time and it needs nourishment and you've got to take care of it and you've gotta give it sleep and you gotta eat right and all of those things you need to do for your brain if you want to get better. And then yes, the repetitive work that you do in rehab is really helping your brain to relearn how to walk and how to use your hand and how to move your arms, but that's really all part of retraining your brain.

Colin & Caroline –

While it's hard, as long as she keeps doing it by late in the afternoon, you saw her walk in here, it's very hard to tell that there's anything wrong and the patience that you need both as the person who suffers from it and the person that looks after them is gonna be one of the key things that people really have to learn.

Cynthia –

You have to be willing to try so many times and fail and keep trying. So if you have that kind of personality that you're just gonna keep trying until you get it, then it works. I mean, eventually you will get somewhat...maybe not what you used to be, maybe not what's called normal, but you'll get recovery.

Colin & Caroline –

Well, my big challenge was getting to the point where they actually let me home. And they do...in rehab they don't just train the patient how to do it. Colin had to go through a training on how to help me transfer out of a wheelchair, little things like helping me in and out of the shower, all sorts of little things that you do automatically every day, you don't realize that you just can't do unless someone is there to help you. So, Colin had to, in effect, go through a test before they would let me go home to check that he was capable of handling all of that.

Trish –

My OT and PT helped me walk, stand, shower, dress myself and eat myself.

Dave –

As far as the stroke's concerned, most of the medications I'm off now. Early on, I was on things to control seizures and I was on more blood pressure meds and things that would help me sleep because I was having a lot of trouble sleeping because of all the changes I was going through. Most of that I'm off of now, I still do take kind of a maintenance medication to make sure that I don't have any seizures, but the possibility of that is very low, it's just that there's no side effects of them so I just stay on them.

Carmel –

Some medications for stroke survivors, especially ones that inhibit muscle tone and things like that are a necessary thing for some people to take. And if it's gonna help you, there's no reason not to take it. And you can always try it and decide that if it's not helping you, you go back to your physician and say, "Guess what? This is not helping. I'm not gonna take it" and maybe you can try a different track after that or a different medication. But there's no reason to be really scared of medications.

Cynthia –

Luckily, with the internet you can do so much research on your own. So if you've had a particular kind of stroke and you're experiencing a certain kind of side effect, let's say, or even if you're not medicated but you think there might be some medication, you can do the research for yourself and sort of make it a very individual approach.

Dave –

Learning how to take classes in meditation, that helped me significantly in being able to be patient and calm through the process of getting better and that kind of opened my eyes to more eastern-style treatment things like herbal medicine and acupuncture and massage therapy, all of which I've experienced. And then I discovered energy healing meditation which is a much deeper kind of meditation that is starting to become recognized by western medicine as a very valuable tool. In fact, hospitals are starting to hire reiki practitioners and those kinds of people to come in and...because they're seeing results, they can't explain how it works but they're actually seeing people get better by using these people, so they're using them. Well, I could tell you that they work. I don't know how they work, but they work because I continue to try these things, experiment with these things and I continue to get better. And I don't get hung up on explaining how. I'm not an engineer, I'm not a medical professional, so I just know that I'm getting better.