

How To
SURVIVE
The First 10 Days
After Your Stroke!



Every Second Counts

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By Lin Stone

Stroke

is the top leading cause
of disabilities in the United States!

Stroke

is the third leading cause of death.

Stroke Costs US

Thirteen BILLION Dollars a Year!

AND ---

YOU Can Have A Stroke

And Not Even Know It.

STROKE Is Dead Serious!



Learn The Signs Of Stroke

Don't insist on having pain before calling for an ambulance; You could be causing yourself enough grief to last a lifetime!

Strokes don't come in a "one size fits almost everyone I know" descriptive pack.

For some, a stroke can be both sides of the body no longer responding. For others it is only one side. Maybe some strokes start right in the middle of the forehead and go right straight down, affecting everything from your grin to your groin. Other strokes might affect only the limbs on one side or the other. "Where is my arm? Tell me where my arm is!"

The worst strokes don't affect any part of the body you can see, perhaps leaving you able to breathe, but not swallow, perhaps able to think, but not able to talk. You just never know what kind of hand you will be dealt until the stroke has been identified, isolated and its path of destruction halted.

Days, weeks, and in some cases months after your stroke you may still be finding out something doesn't function. For example, it wasn't until I got completely out of the hospital and went back to church that I discovered I could no longer associate the names of long time friends just from seeing them. I had to be reminded who I was talking to.. again, and again.

The one thing all strokes have in common is the absolute certainty that the sooner you receive professional attention the less damage your brain and body will sustain. All the more reason to simmer down, listen to good advice and go for professional care as promptly as possible.

Before You Read Any Farther

My wife and our two lawyers have made me say:

No information in this book should be used without first seeking the advice of a qualified authority as most of the information included here comes from personal experience.

What happens to you may be entirely different, and sometimes even radically different!



As the year 2007 came to an end the only thing I knew about stroke was that it had something to do with the heart and it could leave you crippled. My own stroke struck without any of the prelude music or fanfare most television hospital shows provide. What woke me up, I know not. I did wake up. I did (somehow) stand up on my own two feet. Then my left leg crumpled from under me and I struck the wall a resounding blow with the whole side of my body. Dazed and uncertain I tried to push myself away from the wall with my left leg.

Nothing moved down there. Well, okay I thought, I'll just reach behind me and pull myself away from the wall by grabbing the bed with my left hand. The first rumblings of shock came when I realized my hand could not feel the bed. Almost immediately a second shock came rumbling in its track: I had no idea in the world where my left arm was or if I even had one to find.

I'd like to say I cried for help at this point.
Actually, I screamed for help!

My wife shut her computer down and came in to see what the problem was. "Where is my left arm?" "You've had a stroke!" she insisted immediately.

Now, isn't that just like a woman?

You ask a simple question and off they come with some terrifying conclusion.

What IS a stroke, anyway?

In two words, BRAIN DAMAGE!

The brain is so sensitive that just a little spot of blood in the wrong place can leave people afflicted with PERMANENT damage to their brain and or body, especially if they don't get help immediately. That usually means calling an ambulance.

Most people live in this fantasy world where ANY hospital is as good as any other, where ANY doctor is as good as any other doctor. They tune out the horror stories, or even assume that blame lies with the patient for not understanding some procedure – a procedure that they usually don't even begin to understand either.

Long before a stroke happens we need to really focus on the fact that strokes are BRAIN damage and strokes will require highly skilled

hands and keenly trained minds to keep us alive -- and double doses of skill and training if it will require an operation to keep us from suffering permanent damage.

Which brings up lesson #1: Your emergency [ambulance is not authorized](#) to deliver you anywhere **except to the NEAREST hospital**. Arguing about it is wasting your time and strength. The only exception is when the nearest hospital is full -- or staff there admits it cannot treat your condition. With that rejection ringing down the ambulance then heads for the next nearest hospital.

Because so many strokes seem to happen at night, and night staffs -- in particular the night staffs at problem hospitals -- can produce experiences bordering on pure nightmares! This factor is made even more serious if previous mix-ups with the hospital nearest to you may have left you embittered against it

Maybe you've heard too many people saying: "I wouldn't send a dog there to be treated, much less a cat." and if such is your case you will want documents [and insurance](#) already in place that can change your destination to some other hospital where you will feel safer, or at least help get you removed from the clutches of the nearest one as promptly as possible. If you are serious enough about this prejudice you'll want insurance that covers private ambulance service to your choicest hospital.

In my ignorance I wholeheartedly resisted calling an ambulance, saying over and over again that I was only in some kind of shock from having the breath knocked out of me. There was no pain of any kind. I've been beaten to half an inch of dying so many times I can't count them all, but nothing like this had ever happened to me before. Being weaker than she was at the moment, not to mention dazed plumb helpless, my wife prevailed and quite rapidly the ambulance arrived with sirens screaming and lights flashing in the windows of all my neighbors. I seethed inwardly because these professionals would promptly see that nothing was the matter with me except a little shock of some kind. Not only would they blame me for the needless run, they would **CHARGE** me for the trip.

My conviction ebbed away when all they did was take one look at me and ask if I could help them help me onto the stretcher. Not only could I not help them, all four of my limbs got in their way.

Eventually, off we raced with sirens wailing.

All my life my guardian angel had let me live on the very perimeter of civilization with little real harm. By this time though I had retired and become accustomed to every luxury available to man in this modern age. The (nearest) hospital was only minutes away. There it was quickly confirmed that **YES**, I had suffered a stroke and **YES**, they could be of service. Thus I was admitted into ICU, and my personal struggle for survival began.

The ICU department **always** has the best staff a hospital can muster. This staff, that was working with me that night, was so untrained it couldn't even check my blood pressure without tangling and stretching three cords to the breaking point, two of which cords I was personally attached to. Almost the first thing done to me was the insertion of a catheter. The nurse who did that knew his business, but then the staff promptly forgot that tubing was attached to man's most sensitive external organ. Every time they moved some part of me they stretched my endurance to the breaking point. "What are you screaming about now?" Well, you're trying to lift my bed up with my catheter tube and the other end of it is still attached to a vulnerable portion of my anatomy. "Oh, he-he-he. Ooops, sorry."

It should seem incredible to anyone with average intelligence that a staff of *supposedly trained* nurses, and especially those qualified for the ICU staff at a hospital, would realize the necessity of disentangling the lines and hoses attached to a patient before attempting any kind of a move.

The consistently horrible care I received at this hospital proved they had none. In spite of my loud, indignant and **prior-to-the-move** protests, staff obviously was not watching my tender lines connect with and grab hold of various unmovable objects.

Even with the best of care, you need to be prepared for numerous tests, checks and strange visits while in ICU for stroke. You will be asked to prove that you can swallow, prove you can take a leak, prove, prove, prove virtually every common function known to man. The worst shocks will come when you suddenly realize your best efforts don't even come close to yielding success.

In fact, as a stroke victim you may be totally helpless. In this condition, even the best nursing staff may hurt you unintentionally, while those that harbor a gripe against humanity may treat you like a

sack of old bones they can't get rid of, but don't care about either.

That first half night in ICU I was repeatedly yanked on, whirled, slammed and twisted without regards to anything but the convenience of staff. Once I was definitely man-handled by two extremely healthy nurses who hurled me from one side of the bed to the other and they were laughing wholeheartedly when my cords and tubes inevitably tangled with something. Finished at last with changing my bedding, one of them asked me, "How do you feel?" "Like a sack of cement," I told her. At least she had a sense of humor, I think. With a roar of mirth she slapped me on the rump. "You'll be getting better soon."

It wasn't long before I had more to complain of. My left leg began jerking and each time it jerked it would slap against the bed frame. It hurt I complained. A nurse came in and listened patiently "These kinds of feelings are good for you," I was told without even one look at my leg. "These pains are proof your body is coming back to life." "It is proof my body is being damaged!" Another hearty slap on my weakened rump was the only official response.

When my wife was allowed into the room with me the next morning I promptly reminded her she was my advocate. "See what is happening to my left leg." She took one look and yelled for the nurse. There was blood oozing all over my mattress; one long wound was open from where my knee had abraded against the bed rail and there was already a huge bedsore on that left heel, made as it was jerked back and forth on the tough, scratchy sheet. And here let me add that these mattresses must have been installed by the lowest bidder in the nation; one hour on mine was enough to rob me of two nights of sleep.

This hospital must also have been on the bottom of the food chain when it came to acquiring an adequately trained staff. When I moved out onto the floor the first thing my doctor did was discontinue all my medications. **"We'll decide what medicines you need now."**

Okay, I thought. They will be monitoring me constantly, and go ballistic trying to keep me stabilized. Instead, the doctor promptly disappeared and would not let himself be paged all of that night or any of the next day. That meant, NO INSULIN where my body's rejection insisted that 120 units were needed per day. It was pathetic when a my blood sugar soared over the 300 mark and a nurse hurried in with two units of insulin. "You'd better be checking with my doctor

before you kill me.” Two units of insulin did nothing for me and four HOURS LATER, when they checked my blood sugar again it was over 500. “You are killing him,” my wife warned. “The best doctor in this state has a personal interest in this patient and she will come down on this hospital staff like a ton of bricks if you refuse to contact her.”

Her warning went unheeded. When my high and mighty doctor did come in his first greeting was to snarl a complaint about me interrupting his golf game. He did agree to start my insulin shots again and he didn't even argue about how much I said I needed. As for pain meds or allergy protection, he said I was getting too much pain meds already for such a small knot and little wound; the hospital's air conditioning system would control my need for allergy relief. Two days later my wife finally got him cornered so he couldn't run off and made him understand those pain meds had been prescribed many months before the stroke and if they were not resumed immediately that my body would be going into convulsions and HE would be held personally responsible in a court of law. She had been in customer service for an international insurance company and knows what to say when nice won't cut ice. “Even if you haven't yet recognized the need for those medications yourself, his primary care physician can bring you up to speed in a hurry. Members of your staff probably have their tongues twisted right now trying to decide how on earth they can cover their own bohunkus when all this explodes in your face!”

That doctor was bad enough, but the night shift was worse than inadequately trained.. Some of them were downright vicious. For example, the following night my primary nurse tried to stand me up when the IV in my arm was looped around the arm of a chair.

As she jerked me upwards I rose upwards in response to her yanking, but the front of the chair was dragging me back down. Nor was I strong enough in any way to stand on one leg by myself when she got me up. My “pretense of weakness” made her angry. **(YES, I am ashamed to say this happened in an AMERICAN HOSPITAL!)**

She became furious when I continued the “rebellion” and also would not comply with her order to sit up in the wheel chair without assistance either. She screeched at me, then she screamed at the second nurse that hurried in to see what the commotion was about.

“He refuses to sit up! How can I possibly work on him?”

I begged the second nurse for protection. "I am a stroke victim. Please find some competent help for me." Instead, she merely lectured the first nurse on a few of the finer points of treating stroke patients, and then I was left alone with her.

Not long after that first nurse left I discovered the call mechanism was positioned where I could not possibly reach it. Being resourceful, I called my wife on the cell phone so she could call the hospital and ask for a nurse to be dispatched to my bedside. After the second such call in my behalf the nurse supervisor came in and personally took great pains to position the call buttons control where I could reach it. Unfortunately, as I soon discovered, none of the buttons functioned.

When my wife called her yet again this head nurse dashed in to teach me how to punch a button. It was almost comical, watching the red blood drain from her ears as she tried the buttons herself. She glanced at me just once before grabbing the phone. She demanded a new set of call buttons be installed immediately, then she smiled reassuringly and left. She had tried so hard that I suffered until the next shift came on before asking for yet another call box to be installed so that ALL the buttons functioned.

Be prepared for chart mix-ups too. The nurse on that next shift came in, reading her notes. "It says here you can't use your right side. Why are you complaining about your left side?"

I admitted that my right side was quite weak but that it was my left side that was useless. She made me demonstrate the ability to use the limbs on my right side before she would believe the notes could possibly be wrong. We had further differences as the night wore on. First, she wrestled me out of bed to sit in a wheelchair while fixing my bed. Then she asked if I wanted to get back into bed. Well, the only honest answer to that question is NO, and I believe in being honest. She then raised her voice for all kingdom come to hear and bear her witness that I had **REFUSED** to get back into bed.

I hate liars and I hate irresponsible witnesses even more: "I did not refuse to get back into bed; I simply answered your question, as truthfully as possible." That show of insolence angered her more than ever. Later that evening she was also the one that came back to take me down for the cat scan my doctor had ordered.. When we got downstairs it turned out there had been a mix-up and cat scan services were not available at night. The staff bickered back and forth

with my nurse until it was decided between them that I would have an MRI instead.

I had already told the doctor I would not have an MRI, and explained why. When the MRI staff came out with "release of liability" forms to sign I refused to sign them. This nurse then told me there was no danger in taking an MRI. I pointed out the large signs right on the hospital's own walls that danger existed and asked if she wanted to read the release forms too.

She then began ranting that I would have an MRI whether I wanted one or not. Yes, I know, you don't believe this. **It happened anyway.**

The nurse then tried to force me into the room and I began screaming for help -- from anyone. One of the MRI technicians quit on the spot and touched me on the shoulder as he left the scene. "Good Luck." The bulldozer behind me decided I needed more than luck. Once again she began shoving me forward and I actually had to lodge my good right leg across the door jamb to thwart the success of her intentions. It took her a few minutes to make up her mind what to do next and I won then only because the MRI staff adamantly refused to even admit she existed. When one of the staff heaved a large table in front of the door, my nurse finally gave up and hustled me back upstairs. **"The doctor will know what to do with you. You will be plenty sorry when he comes."**


The doctor somehow missed me on his rounds that next morning. I wouldn't call him a coward to his face because he is bigger than I am, but I would definitely say he was prudent. The night nurse came back later that next morning on her own time and apologized, but it was obvious she had been forced into it and did not understand why she was being forced to apologize to me since I was the one who had brought progress to a screeching halt. She was still quite angry with me that evening.

Meanwhile my wife was working feverishly to get me transferred to another hospital. The doctor in charge of me at the first one kept insisting I was not able to make the move without hazarding my health. As my treatment got worse and my health deteriorated I finally instructed my wife to use my notes to sue the doctor AND the hospital if any more damage was done to me before I was transferred. That night, soon thereafter, I awoke to find a nurse

reading my notes, and the following morning I was rushed in an ambulance to a new hospital. The doctor being left behind pointedly turned his back on me as he saw my party leaving.

One last indignation at that hospital was the removal of my pic line before letting me leave. The nurse ripped the bandage off with such force as to remove a strip of flesh with it that was almost two inches wide and about five inches long. Naturally this got infected. My arm has a scar there to this day. My opinion of this hospital is even lower after seeing the \$40,000 bill they sent for services rendered.

Staff at the next hospital was as good as the first one was bad. As the days passed I wondered how two hospitals, so close together, could be so different in administration. Even the maintenance crew was exemplary in that second hospital and earned my most lavish praises. **Oh, if only I had known the score and went there first!**



The advertisement features a 3D rendering of a book titled "Life's Little Secrets" by Gary A. Crow, Ph.D. The book cover is blue and white with yellow and red text. The text on the cover includes "Exposed for you by Gary A. Crow, Ph.D." and "Learn WHAT they are, How to develop them, How they can work for you". To the right of the book, the text reads: "Free Books That Are Priceless Free Books That Matter. Romance novels, self-help Adventures and Comedies For one, and all, Click HERE."

INSURANCE IS MORE IMPORTANT THAN EVER,
Research all the major companies serving your area
from one convenient resource,

[Insurance Roundup](#)

President Ford didn't even realize he had had a stroke until someone told him, but many stroke victims go from fully active to completely helpless in a matter of seconds. That is never an easy transition to adjust to. Even though that second hospital I came to has the sweetest nurses on earth, because of the first hospital staff I was weakened and more helpless than ever when I arrived there.

Nourished with their good care and good food I soon regained some use of my right arm and right leg but I still could not sit up by myself and it was feared use of my left side would be a permanent loss. I could not scoot myself up in bed. I definitely could not get out of bed. Even if a walker had been furnished I could not have dragged myself to the next bed. Are you ready psychologically for this much helplessness?

**Being helpless
is not a healthy state of being.**

All my life I had constantly driven myself to achieve independence. As I confronted a lifetime of being helpless my mind reflected that at least my business would go on making money with me or without me while most other stroke victims are probably harrowed up constantly with worry and fear about how to pay just the little weekly and monthly bills.

Without insurance how could I ever hope to pay for my care? Mark Twain had gone on world wide speaking tours to pay off his publishing catastrophe, but there isn't that big a demand for my tales or my speaking abilities. Helpless, but with my brain racing at full speed, I would turn my head from one wall to the other and ask how, how was I going to cope?

My little business offers people the opportunity to get insurance cover. My cajoling efforts were always half-hearted and consequently my earnings were less than adequate. As I laid there in that bed I realized that never again would I feel guilty about offering people the opportunity to get insurance cover.

Even if all you get out of having insurance
is better sleep,
it is worth the premiums.

People may become doctors and nurses so they can help relieve suffering, but sooner or later even the best of them will begin charging for their services.

You may be wondering, just how much does a stroke cost? I see it this way, every time my little heart beat once in that first hospital, my doctor was earning another dollar! No wonder he could play golf and make himself unavailable.

What really hurt as I thought about it was that just a little over thirty days earlier I had ordered my wife NOT to sign me up for health insurance. I was strong, I was healthy. Nothing would ever happen to me and even if it did the VA would treat me for free.

For years I had been counting on the VA to leap in to care for me if something like this ever happened. Now, when worse had actually come to worst the VA wouldn't even leap to find a bed for me. What's a poor man to do in a case like this? Pull the plug on his life support? I turned my head and studied the plugs keeping me alive.. I couldn't even reach them!

If I had been able to reach them, would I have the strength to pull them out, or the courage?

What is a poor man to do in a case like this?

At this point I put a stop to the self pity and remembered my heritage.

Helpless, hapless, and worried silly on top of that, I realized – as you should – my first job was to quit **FEELING** helpless. Eventually my mind reflected that the very first thing God gave to man was dominion over all things. How many? **ALL**.

Is that true?

Yes. Go to the zoo and look at the all the animals that arrogantly assumed they didn't fall into that category. The toughest looking dude there is the rhinoceros. I mean this guy is built like he could whip a second world war tank with one foot tied behind his back..

As you gaze in awe at the armor plates on this guy, remarks will flow around you: "I wouldn't even want him sniffing around me to see if he wants to be angry." And yes, that is true. But you stop and think a minute.

Here's the biggest and the toughest of them all, but he's the one in the pen and man, having dominion over all things, can wing it all the way around the world and back. The rhinoceros is in a pen and there aren't many of his cousins left running around wild at home either, but man is free.

As long as you don't do something stupid, you know -- like dropping down into that pen with him, chances are you don't have a thing to worry about. Hey, they even let little kids come in here; it must be pretty safe to look down on this guy. What else is there to fear? The elephant? No. He bowed to man's charms a long time ago. Tigers? No. Some of my friends pay \$300 a night just so they can cuddle up to one. What about the whale, biggest animal on earth that we know about? Scientists say these beasts have been surviving for a million years or more in spite of great white sharks and assorted other felons. But just as soon as man started blubbing, the whale's days were numbered. Today whales are a protected species. What do they need protection from? **Man.**

Hunting rattlesnakes isn't the safest sport in the world either, but there are people who pay for the privilege. Little old me, laying here in bed, I can tell you how to pick up nine out of ten rattlesnakes without getting bit. In most cities of America it isn't the grizzly bear you have to watch out for, it is man. Man is the meanie on this planet. When he picks up a stick everything else had better scatter like quail. With a heritage like that there is never an excuse for feeling helpless.



Go With The Flow

You Need An Advocate

Before having your stroke (or any other life-threatening condition) you need to set up some kind of patient advocate contact that can get you out of a hospital, before it kills you. I even have a backup advocate, just in case my wife is incapacitated at the same time I am.

Especially if you have lost the use of your voice, the very first thing you want to establish is a means of communication. Attila the Hun felt like nobody understood him so he set out to make the whole world speak his language. That solution may be out of your reach at the moment so let's pass on to another primate.

I was taking a load of kids through the zoo one time and there was a natural pause when we came to the monkey section. This zoo had given them a large, OPEN pit to live in. They had trees to climb, water to splash in, and lots of food to eat. Being mere brutes they should have been quite happy.

The kids became very flippant. "LOOK AT THE MONKEY. LOOK AT THE MONKEY!" Now these monkeys could not speak English so why should they care what these kids were saying?

So I let their jeering continue without saying anything. Then my gaze fastened on one primate gazing steadfastly at me as he picked up a pound of fecal matter and carefully fashioned it into a firm, round ball. Still gazing fiercely into my eyes he drew his arm back and flung that ball of fecal matter right at me. He had done his work well. The ball stayed together right up to the moment it struck me square over the heart of my brand new suit.

After studying the pattern left behind by the projectile I glanced down into the pen at the dumb brute who had launched it. His lips were drawn back in a fierce grin and I could almost hear him saying: **"Do I have your attention now?"**

As clearly as any essay I've ever read he was communicating his resentment for being jeered at, pointed at and made fun of. I clapped in appreciation of his performance; the kids joined in and that little ape just about bowed. We left there with me at least much sobered by a basic lesson learned: Even brutes have feelings.

The moral to this story is: if dumb animals can find a way to communicate, so can you. Thomas Edison communicated his desire to be married by tapping his fingers lightly on the hand of his beloved – who also knew Morse code.

If you are left with a voice, use it.

If all you have left is a screech, use it.

If the only movement you have left to your control is the raising or lowering of one eyebrow, use it.



Will Bark For Food

In most hospitals where stroke victims go, staff learn to watch for any attempts to communicate, and to respond with kindness and attention. As you strive to get your message across, staff will strive to understand – and be sure you know they do understand the message being given. Once a message has been successfully transmitted, staff will then proudly let your family, friends and visitors know that you are now able to communicate in this way.

That first successful communication truly is a cause for celebration.

The very first thing you will want to do with your power to communicate is to show APPRECIATION. Let me explain. When you are helpless you can complain all day long and never get a thing done in a pleasing manner, **but appreciation will open doors wide.**

One day after my move I was just flat disgusted with myself, my helpless condition, my – you name it – I was plumb disgusted with it. Into this tempest came a tiny Latino-lady nurse. She spoke good tidings to me and I barked back at her.

My wife was there. She silently raised her eyebrows at my unusual behavior, but I sulked back on my pillow. The nurse left and I audibly admitted I had done wrong. “She was just being nice,” I told my wife. “I should not have used that tone of voice with her. I'll make it up to her -- next time”

Yeah? Well, before those words were out of my mouth that same nurse came back in, carrying water – that I hadn't even asked for, mind you. “You put ice in it,” I accused her after a look inside. “I don't ever want ice in my water!”

"Okay," she responded, and carefully strained the ice out of my water, then left. After she left I looked at my wife and said: "Well, I had a second chance to do right, and I still muffed it up,"

I thought about that for a long second then told my wife. "Go get her and bring her back in here so I can talk to her."

When the nurse came in that time she was almost cringing. I read her name tag and called her by name. "Louisa, you have tried very hard to be nice to me and I have been extremely rude. Please forgive me."

A radiant smile burst across her face and she frankly forgave me, explaining how easy it was for patients to become grouchy, and then she enumerated some of the methods she used so the sharp words did not hurt her so much. I apologized again, more fervently.

Twenty minutes later she came in to announce the evening meal. Did I wish for her to bring it to me, or would I be eating in the dining area? I chose the latter option and she volunteered to put my shoes on for me then wheel me down. The three of us then went down for supper.

When she brought the meal over to our table she automatically opened all the packets for me. I asked (casually) where she was from. "The Philippines," she responded proudly, and as it so happened, I knew the very region she was from. "One of our missionaries is serving there right now. He says that every time he goes to another village he has to learn another language."

She laughed and explained about dialects in the Phillipines. Then we spent a whole hour learning her fascinating history. Her endeavors to get into the United States legally would have made a terrific novel. For all the time remaining between us she did everything possible to make me happy..

So, point number one: Be nice. Find ways to express your appreciation and your reward will be a multitude of blessings. Now you may remember the treatment I received at that first hospital was atrocious. Dozens of times I literally bit my tongue to keep from blurting out how I felt about the service there.

Yes, being a writer and still being able to write I did keep notes about the quality of service I received. But those notes were kept specifically for the purpose of writing a series of articles on how doctors and nurses could be more hospitable.



Smile First, Smile Longer!

That's my advice. But let's take that even farther: out of a hundred doctors or so and no telling how many nurses in that first hospital, how many did I meet? Maybe two doctors and maybe twelve nurses, **at the most.** It would be a long ways from fair of me to paint the whole hospital with a sour brush because of my singular experience. Far better to warn you these things can happen, anywhere, and show you some steps to get yourself out of there.

In the bed next to me when I arrived at the first hospital was a poor old man with long, unkempt hair and a twisted scowl. His only sounds were somewhere between hysterical laughter and hysterical bawling. As an ally against the sea of bitterness I was going through he was a good millstone to put around my neck.

Nonetheless, I determined that I would indeed, **SMILE FIRST AND SMILE LONGER** just to be sure I was doing my part at making his stay there more pleasant. In the past I have befriended many that my current society scorned. In particular I remember one village "idiot" to whom I bestowed a few minutes of care and sunshine only to realize HE was able to teach ME things of a mechanical nature that I had sore need of. Another "total bum" provided me with an hour of delightful entertainment and instruction, again right where my interests lay. Even when you don't receive something in return that is tangibly valuable, it will make YOU feel better when you determine to **SMILE FIRST AND SMILE LONGER.**

Therefore, any time I could feel, or attract my room mate's attention I would smile and nod. Any time I was being wheeled or hustled past him I would strive to reach out and touch him gently, then smile and nod.

About the third or fourth time I did this he put his hand over his heart, fixed me with his eye, and pretended to bow.

Actually it wasn't a pretend, it was all the bow he could give and if he too had suffered a stroke he may well have believed he WAS bowing. In any event, the extreme effort going into his response brought tears to my eyes. It was a wonderful reward for **SMILING FIRST AND KEEP SMILING LONGER, even if you don't notice an immediate reward**. When the time came for me to leave I was quite glad to be liberated, yet I sorrowed too at leaving him behind.

The second hospital was as good as the first one was bad. The worst complaint I had about my new hospital was that staff insisted on waiting on me hand and foot, day and night. This wasn't even ICU super service, mind you, just the kind of super service every hospital wishes it could give. Soon I was resting and shortly after my move my health began to improve. My doctor came in one evening while my wife was there and asked if my insurance would foot the bill for rehab. Before I could say **NO**, my wife smiled and said "Our insurance **insists on him receiving the best of care!**" I was staring at her open-mouthed. She smiled back. "[They gave us a deal too good to pass up.](#)"

Boy, what a load off my mind that was. Even if all you get out of insurance is better sleep it is definitely worth the premiums.

Thus it was that I was soon moved to the [Jim Thorpe Rehabilitation Service](#).

I had learned a good many survival skills from that first hospital, and then again by comparing the first one against the second, and then I had the privilege of studying the proud professionalism of the Jim Thorpe Rehabilitation Staff from the inside.

Even though these next two lessons were learned last I feel they should be inserted here lest you make as big a fool of yourself as I did. Another reason they should be put here instead of last is that they look so similar that you would probably gloss them together if I did put them last and you were rushing to get through.

Anyway, here goes:

#1, **MORE AIN'T BETTER!** Jim Thorpe gave me a personal Physical Therapist, and I did not listen to her. Pat would say, "Do ten of these," and I'd do twenty. muscle tone, that was my out that Pat was right in seriously overloaded my was so sore it was swollen.



The more load, the more theory. By the time I figured limiting how many I did I had physical resources. My body

Even when my body was working right, it felt wrong. "Are you **sure** that hip isn't sticking WAY out?" At the end I couldn't even do five reps without pain, dangerous pain. Just admitting I'd done it to myself did not change things a bit.

#2, **It won't be better when you get home, it will be worse.**

During the end of my stay, in the hospital I could scoot my wheelchair along those corridors somewhere between twelve and fifteen miles an hour. I was so good that going home would be a breeze, I thought. I was just barely out of the car when I realized that home is a minefield. Instead of a nice smooth tiled floor to scoot on, I discovered that driveways and parking lots have mountains that only look like little bitty molehills. Hallways at home were too constricted for rapid movement.

There isn't room in the bathroom for both me and my walker. There's just barely room in there for me and my cane, especially when I'm shaving. Even as perfect as my wife is, she is all too prone to cast baubles at my feet and never pick them up until some time after I tumble head over heels.

Getting my own food out of the refrigerator was impossible until adjustments were made in me, it, and my means of locomotion. Taking a shower was impossible until everything there was reversed for me in such a way that it wouldn't injure my wife because it was changed.

The morals to these two lessons are: **Don't overdo your exertions, and – Don't fool yourself into being impatient to get home.** It may take the rest of your life to adjust yourself to your new condition and your environment.



There are three kinds of medications dispensed in hospitals.....

- #1, MUST HAVE**
- #2, SHOULD HAVE**
- #3, MUST BEG FOR.**

It is essential that you learn which medications you are taking and which of these categories each one of them falls into. Another fact you need to be aware of -- and deal with -- is that your nurses do not have the authority to change the categories of the medications you are taking. That authority is vested in your primary physician's trust. If s/he is off playing golf or gone to a convention in Dallas the dosage and the categories remain the same until further notice.

Those medications in the MUST HAVE category will be administered even over your protest. You get nothing to say in the matter, not even **"take it or leave it!"**

The medications in the SHOULD HAVE category give you some leeway. In certain circumstances you can reject them completely, reduce your dosage, delaying it, and so forth.

It is especially essential that you isolate and identify the medications in the MUST BEG FOR category as quickly as possible. You'll probably find your pain meds fall in this category. That means, if you don't beg for them, you don't get them.

Prepare for lengthy delays! If (during morning rounds) your Primary Physician says pain meds will be available for you, patiently bear in mind that it may be up to 36 hours before they **are** available.

Here's the worst part. No matter how many times you beg, whine or plead for them before they are available, you will not receive your medications in this list until you beg, whine or plead for them **AFTER** they become available.

Some of your must beg for meds may be every four hours, some every six, or every eight, but you can get them **ONLY** if you beg, whine or plead for them **AFTER** that allotted span of time has elapsed.

"Please bring them in just as soon as I can have them," usually doesn't work, and nurses that do act as you ask will act as if they are risking life, job and limb to do so. I suspect they are at least risking **certain censure** by trying to be helpful to you, so don't tell on them.

When your pain meds do arrive, the first issue you want to resolve is how soon you can have another dosage. Your nurse is usually exonerated for revealing this information.

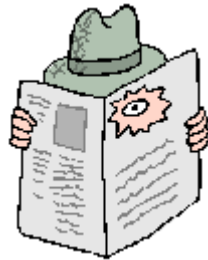
Never **DEMAND** early delivery from the staff;

Only your PP, **Primary Physician**, can change the dosage or the time span for dispensing the drugs in this category. **On top of that -- You should be working to eliminate anything in the third category from your regime anyway.** Drug addiction is a horrible way of life.

You can have your pain meds every four hours and you got them this morning at 08:00 – At twelve minutes before twelve you want to call the desk, saying: "When can I have more pain medicine?" The desk will look at your chart and respond: "Not for another twelve minutes – I'll have your nurse bring them to you." By cutting it this fine you do almost get them on time. Call any earlier and you will probably have to call again.

Now, if you are told your pain meds will be brought to you – and they don't appear – call for them again. In one hospital I was in the nurse assigned to me was stashing my pain meds, then swearing she had given them to me, or that I hadn't asked for them. On the second day staff caught her and she revealed the considerable pile of pain meds she had obtained from the patients she was responsible for.

In case it hasn't sunk in yet – stroke is BRAIN DAMAGE, therefore, in order to prove you are well enough to go home you WILL have to convince some variety of mind doctor that you are normal, or at least real close to it.



Developing a healthy sense of paranoia is therefore an essential survival tool. Everybody **IS** watching you. Everybody is writing a report on your actions and they are reading your mind and reporting on what you think too.

Don't wait for the proof of this to rise up and knock you off your feet,

It happens in the worst of hospitals, and in the best.

Believe it the first day you go in and keep believing it until you finally escape.



On the other hand, all the time you are in there, don't let them know you suspect a thing. That will only prove you **are** paranoid, which isn't normal, and may retard the day of your escape.

Remember that nurse that screamed at me and accused me of refusing to cooperate when she asked me to sit up? "**Refuses to cooperate**" went on my report. I got another one "refuses to get back into bed."

Did you hear the nurses laugh about how fast you could make your wheelchair scoot down the hall? **Be careful!** You may think you're making brownie points for enthusiasm, but what might well go down on your chart is: **"Irresponsible driver, has no regard for others."** and I can't get my right to drive back until someone, somewhere in this elaborate spy system admits – no, they are not going to admit that their spies were wrong, but they might someday be willing to admit that **I (the patient) have improved.**

So, if you aren't paranoid, pretend you are, and COOL IT until you can get out and return to normal. If you are real good you'll still have your driver's license and you won't need to get a new car insurance policy to cover you.



**I can hear your silent request from here:
"Tell me about that mind-reading part again!"**

Sure. Here's a real life scenario: I was in my room, about to eat my supper. My head was bowed and I'm starting to offer prayer when the curtain is yanked back and this cheery nurse booms, "I'm here to stick you for blood and take your blood pressure." I continue my prayer and she booms again. "Didn't you hear me?"

Who is more important, her or God? I'm sure you are right, but that nurse didn't agree with us. I finished asking the blessing and then glanced up and smiled sweetly, "Let the stickings begin."

I'm too late.

She has read my mind and knows that I am harboring anti-social attitudes this morning.

**Bad timing,
bad mark.**

Here's another scenario: The first day I was offered the use of a walker, the wheels on it quit rolling and at the approach of any crack in the floor it would screech to one side or the other. Therefore I picked it up and carried it over the next rough spot. That act "of defiance" was put on my report.

If you are scowling over foot pain and the nurse reads your mind and ascribes some other cause to your scowling, THEIR feeble-skilled detective perceptions are the ones that get recorded. If you doubt what I'm telling you here, ask for a synopsis of their reports if they ever release you. Read them, remember what really happened, and shake your head as you live and learn. It isn't fair that your return to life is marred and scarred by their inept detectivating abilities but that is the way it goes.

Life is not fair! Let's get the right perspective right from the start and remember here that it is **your** brain and **your** responses that are the ones on trial for incompetence. As the hospital psychologist warned me when I groaned about having to take yet another one of the psycho-situation tests : "Learn to play the game -- or you'll be in here for a LONG TIME."

She was not joking. I took the hint plumb to heart. I played the game and I unleashed a vigorous display of ratiocinational skills that left her breathless. "Most people can't get any of the questions on the last page," she said.

"Most people aren't as smart as I am either," I assured her.

She nodded thoughtfully and another little black mark went down on my report.

If you too have lived a rich, full life void of boredom, try not to brag about it. I went cold-water canoeing in February, I was pme of the first members of CDEC; I write books for a living. Little things like these will not be believed by thesecurity-loving, survive-at-any-cost staff members; don't mention any exploits like these while you are recovering from stroke in the hospital because, in spite of their myopic experiences, they do know how to make little black marks on your reports. Be careful. Smile first. Smile longer.

Try to make a simple yes, or no appear helpful.

Remember this too: You don't have to be well to get out of the hospital. If your progress slows, and stops, or if you become too big a nuisance to handle, you can be sent home. "Whoa, Whoa, Whoa! You mean like send me home in a wheelchair?"

Hey, stroke is serious business.
It doesn't ask how old you are,
It doesn't even ask if you've been born yet.
The privilege of going home in a wheelchair
may well be the very best blessing you can hope for.

Getting Back To Normal

Flashy, high echelon successes will tell you how a Positive Mental Attitude carries the day? Stroke victims can do a hundred "I think I can"s an hour and never make a limb move.

That poor limb might as well be attached to a grape vine for all the listening it does. Treating the residue of stroke is not easy or fun. The people that make the most progress are the ones with the most spirit. Some of the people receiving therapy at Jim Thorpe at the same time I was were so far gone I wouldn't have traded places with them in a million years.

I watched one woman struggle relentlessly for an hour just to lurch her body over on its side. In a matter of minutes her workout clothes would be drenched with sweat, but she never once quit trying while they let her stay on the mat. Day after day, she worked to achieve just that one challenge. Kids talk about their champions dancing on the football field with cheerleaders chanting away that they can do it? They pale in comparison to the kind of champion she was.

Grit, pure grit, is what carries the day for stroke victims. You feel helpless, you quit trying, and you may be in a bed for the rest of your life. Maybe you'll be in a bed forever anyway, but don't make it be a sure thing. Don't let stroke beat you.

The first thing staff did after I got settled in was to come help me "set goals."

Goals? I had bad news for them "I don't set goals, I am here to get my body back as close to normal as I can get it. I don't need and I don't want a pack of cheerleaders rah, rah, rahing my day down the drain either."

"You've got to set some goals." The way she said it, I felt like it was real close to me getting kicked out of there before I got started. I reached way back in my head for something to tell her. "I don't set any goals, but I'll tell you this; I'll be walking out of here on my own two feet within two weeks."

"That's a goal," she said, and happily wrote it down.

"No," I said. "That's the sure word of prophecy."

Now, right at this point my left arm was still lying there like a chunk of cold meat. My left leg was worse, it jumped and jerked of its own accord as sizzling shocks sent it into spasms. Two weeks? It didn't seem any way possible, but two weeks later, to the day, I walked out of there on my own two feet.

Staff at Jim Thorpe believe that movement is the one thing that helps every body. They started in on me by coming in three times a day just to massage those poor limbs of mine. Can you feel that? No, I couldn't. "Try pushing. Hey, I felt something. You're getting through here." Is it possible to bring dead limbs back to life by doing this? You betchum, and the good news is a full and complete recovery can happen at any time, just as suddenly as when you lost everything.



This is my theory, gleaned from years of constantly monitoring every action going on with my body: As soon as the mind realizes it has lost control of some part of the body it goes back to try another set of motor skill parameters that it has used once before, kind of like a computer can be set backwards to a time before a virus detonated.

For example, I know that my body suddenly needed less insulin. I know that suddenly I had a ferocious appetite. Suddenly I could hear better. At the same time, my right side was busy compensating for the loss of the left side and frequently the results were not all that agreeable to me.

When staff quit for the day, I would ask to have my curtains pulled, then I went to work. I'd pick up that lump of meat and pull it across my belly so I could massage it some more. I worked hardest on my fingers. Those fingers just HAD to be limber enough to type when I got them back to working again. Bend little finger. Stretch those muscles, go through a full range of motion test, and don't look to see if you're making any progress either.

Three days later and I could move the fingers on that hand. The next day I could touch my nose without punching my eye out first and I knew it was downhill all the way from there.

Staff at Jim Thorpe was incredibly supportive. When Joe discovered that I needed my fingers limber enough to type he would take me down to his office and let me use his computer to transcribe my notes on. Every word I typed there was one more I wouldn't have to type when I came home.

When we went downstairs we would work on my fine motor skills. Joe would hide coins and beads in a lump of green putty and I worked to find them, and remove them, using only my left hand. Maybe the toughest job of all was putting stout clothes pins onto a rod. Joe wanted me to count them so I could do more each day, but I refused to cooperate. "It is far more important that I get it right than it is for me to get some abstract, meaningless number of clothes pins done."

Staff could time me, or measure my "progress" all they wanted to, but I was not the least bit interested. I do not measure myself against anyone, or anything, but I especially don't measure myself against a stop watch.

If someone started with the rah, rah then I would either quit, or tune them completely out.

I'm sure that numbers and seconds and goals are good for most people, but any attempt to push me will always meet with resistance. My daddy used to beat me **"until your blood runs cold,"** but never once could he make me do anything by pushing on me.

**That's the way I was when I came down from heaven
and that's the way I'll be when I go back.**

That does not mean I argued with anyone at Jim Thorpe, far from it. Every member of the staff that I met, watched, or worked with was superb and superior in their knowledge and dedicated willingness to work hard. I respected every one of them. If one of them asked me to do ten repetitions of any exercise I would put every ounce of my very considerable powers of concentration to doing it fluidly.

There are ways to cheat at every exercise I know of; while I was at Jim Thorpe I never once cheated.

As I went through the motions of each exercise I naturally monitored every one of my muscles involved to make sure each one was contributing to the load expected of it. When I wasn't sure if I was doing something 100% correct I would ask for their professional observation specifically of that area or that group of muscles.

Just like when I was a kid going through our nightly infiltrations, anything that moved around me I was instantly aware of it. "Why doesn't the water in this pool smell like chlorine?" Why, why, why all day long. I must have been a sharp pain to those assigned to me, but if I were given my choice of going to Disney World for free, or going back to the Jim Thorpe Rehabilitation Center for free, I would **immediately** choose Jim Thorpe. My time there was an incredible, wholesome learning experience that I would never have dreamed of depriving myself of.

Oh, and the reason their pool doesn't smell of chlorine is that it uses hydrogen peroxide for water purification. Gee. It seems that hydrogen peroxide is a much better treatment for pools and also makes the water slightly more buoyant.

"Now, as you do this exercise you'll notice that your left arm tries to come up to the top of the water. Anytime you are in the pool your left leg will also want to act the same way. That's because (since my left side was the one damaged by stroke) the muscles on your left side are much weaker than the muscles on your right side. Therefore the muscles on your left side are not as tensed up and that makes your arm, and your leg, more buoyant."

If anybody ever tells you water treatments are easier on the body you can automatically know they were not doing their exercises right. Water therapy LETS you work your body harder. Every time I came out of that pool it was with legs leaden to the point of trembling. [As I was wheelchaired back upstairs my head was hanging low and I did not care one whit what shadows flickered by me on either side.](#)

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The road back to normal is a rough, three lane gravel road, going uphill every inch of the way. You will be exercising your physical body, at the same time you will be learning household skills, like getting food from the refrigerator, how to use the bathroom, take a shower, find items at the supermarket, how to get up the court house steps, and back down again. Your third road is learning to make the most of every inch of progress you make. How ARE you going to make a living when you go home? Yeah, that's the biggie, isn't it? Let's face it right now, you might not ever be well enough to do manual work again. Your brain might not ever be a trustworthy tool again. And, GEE, your ever-loving significant other might decide to quit being hampered with a hugless harpie and trade you in for the first stray cat that comes along!

What's the cure? I'm sorry; I wouldn't dare advise you. Finding the final solutions to your life problems is your very own responsibility

Okay, let's get on with this. The first trial you might face will probably be, uh, the process of elimination.. That's right, using a bed pan. For me that challenge brought pain and sweat. It was much more than a psychological threshold. In the end I asked the nurse to hand my pants to me, then asked her to leave me alone. Once she was gone I took the belt from the pants and cinched it tightly around my abdomen. It is a wide, cowboy belt of pure, unsplit, leather. That belt gave me something to strain against, again and again until I was rewarded with a drop in the bucket. I just wish I had had two belts so I could more evenly have distributed the pressure. The next day my whole abdomen was black and blue, and I didn't show it to anybody.

Using a belt or some other object to cinch your abdomen down is NOT good medical advice.

There is no telling how many organs or muscles I could have ruptured by doing that. But I was determined that I would not submit to any further indignities. How do you eliminate body wastes safely? As soon as children obtain any freedom of locomotion they will SQUAT to do their business. It must be easier that way, don't you think?

Any degree of elevation will help your mind accept the necessity of lying prone to do a job that has traditionally been performed while squatting. Unfortunately, the bed pans available to hospitals are puny little pieces of plastic; your nurse will probably even object to you elevating the head of your bed so that your posture is more normal for executing this basic process.

Your mind has a lot of adjusting to do, and using a bed pan should be one of your top priorities because there is scarcely anything more humiliating than having to ask a pretty young nurse, you've been flirting with, to assist you in cleaning up after this primal function.

Take careful note:
if you must do both functions,
be SURE to urinate FIRST.

Cramping your abdomen muscles in an effort to force a bowel movement can lock up your natural tubing until you do achieve a movement. As your body fluid backs up, you will be suffering the pure pain only Mother Nature can relieve. You could be wishing you had that catheter back inside you.

Now, even when my catheter was still inside me I found it helped a bunch to PRETEND that I was emptying my bladder, before the final process of elimination began.

Physical exercise will probably begin with you still flat on your back in bed. Staff will work with you in bed until you are strong enough and with enough motor control over your limp muscles that you can be raised out of bed and safely put into a wheelchair. For most stroke victims this is an exciting widening of their horizons.

When you're well enough for them to get you into a wheelchair safely your next stop might well be sitting on a sturdy bench and accepting the glorious opportunity to take a real bath. Staff wanted to offer privacy while I showered, but after two bad tilts it was decided that they could reach a hand through the curtain to help me maintain an upright position without insulting me.

Any privacy you get while recovering from a stroke is purely for your mental and social well-being. I found it was better to lay dignity aside and insist that staff remain close enough to lend a helping hand

if my world began to tilt, or I dropped the soap. Dignity or not, I learned that under no circumstances should I ever lean over to pick up the soap, or any other object. Tile is terribly tough on the human hide!

The next step on the road to recovery is to take you down to the gym where you will concentrate on guiding and strengthening your weaker parts. If water therapy is available you might start right out with that discipline. Water will buoy you up, take the some of the weight off your feet, but learning to keep your balance while struggling to complete some body movement comes just as hard in water as it is on land. In most working situations you will have a belt around your abdomen for your trainers to grab hold of if you do start to fall over.

Even in water just learning to put one foot in front of the other one may be a major obstacle. Then you'll learn to walk sideways. Another exercise will involve carrying some small object – like a rubber ball – in front of you as you turn from facing one side to facing the other. After that you'll be asked to learn how to catch the ball. It can be so frustrating when your limbs fail to perform as once they did for you. But look back, back down the mountain. It was only a few days ago that you faced a miserable lifetime of lying in bed, now you will soon have the skills to go outside and play ball with the kids.

As you improve you'll learn how to get yourself into and out of bed SAFELY, and believe me, THAT is TOUGH! Then you might learn something really useful, like HOW TO MAKE POPCORN, and then, good old popcorn balls. The day I stood up long enough to make pancakes for the whole family was one of great satisfaction.

When I was PASSED to wheel myself around in the wheel chair for short distances I gathered data on the scenic beauties that might be expected at each window I had access to, at different times of day. I knew exactly where to sit in the dining room to see the sun set, which window to look out to see the sun rise. When it snowed I studied the air currents as the flakes were driven towards the building, then away, and sucked back in again. I never realized before how much impact the three-dimensional direction of the wind had. Very seldom was it a horizontal force. Quite often the wind was whipping the ground from a forty degree angle, and there were feints to each side, instead of the wind heading straight for anything. I had noticed swirls in the dust patterns after our big dust storms as a child and called

them footprints of the wind, now my education continued.

Your first introduction to solo flights in your wheelchair will probably be in your room. Prior to their stroke most people think of the wheelchair as being able to turn completely around on its own axis, which is true. In your room you will quickly learn there are some non-yielding limitations to be dealt with. With one or more footrests jutting out you may find yourself running into everything in your room before you can get turned around. Trying to get into the restroom without help is pretty nigh impossible even after you become proficient in your driving skills.

The first law of the wheelchair is: LOCK YOUR BRAKES. Before you lean towards the window for a better view, LOCK YOUR BRAKES. Before you go to wash your hands at the sink, LOCK YOUR BRAKES. Before you begin your struggle to get back into bed, LOCK YOUR BRAKES.

If something moves away from you as you reach for it, if one of your limbs crumples beneath you, that LOCKED wheelchair can literally save your life. My worst falls in the hospital came from not heeding this advice.

Listen now to the sad voice of experience:

LOCK YOUR BRAKES.

Wheelchairs were designed to be propelled with both of your hands. Stroke victims may yearn whole-heartedly for wheelchairs with positraction so that they can move forward even if only one hand has strength. If both limbs on one side are weak after your stroke I suggest that you learn to propel and guide your wheelchair with your good foot.

#1 rule for that is, never try it barefooted -- You will need to have your good foot shod with a shoe that has a good-gripping sole for traction and pure stopping power. Think of this as more important than [basketball in Indiana](#) and get yourself some really good shoes.

#2 rule is, make dang sure your unfeeling foot is properly buckled in. I ran over my left foot so many times I don't even want to talk about it. Once it got jammed under the big wheel and it took me so long to notice it that I had rubbed the entire nail on my big toe off. .

Let's get moving. With a good traction shoe on your good foot, reach out ahead of you and plant your foot flat on the floor, then contract your leg muscles and pull yourself towards your foot. Just **before** you come up even with your foot, reach out and go through this process over and over again. You can change course as many times as you wish by reaching out **SLIGHTLY** to either side you wish to go to.

Constantly practice stopping until you know where, how and how much it will cost you to get stopped. When I first got my wheelchair to move it was only a few frustrating inches at a time. Almost a week before I left the hospital I was able to push a lady in her wheelchair back to her room, from my wheelchair.

That first time shaving was a real terror for me. Shaving from your wheelchair is made more difficult because the sinks are built high enough for patients to STAND in front of them. Two options are open for you. One is to drive up sideways to the sink with your good arm closest to the sink. The other option is to pull in dead straight for the center of the sink. When your foot rest touches, fold it back and let your weak foot rest on the floor. Now approach until your frame touches. What's the next step? **LOCK MY BRAKES?**

You got it.

It won't be long before you are tempted to use the rest room by yourself. Let me caution you a caution. Before you go in, look around for a packet of plastic gloves that staff uses prior to touching anything that might be contaminated. One size fits either hand. Put one of these on your strongest hand.

Okay, now let's roll in there to do our business.

The first thing you'll notice is that it is virtually impossible for anyone in a wheelchair to get into a hospital bathroom by themselves. Here's how to get around that. Approach the door head on, with the handle closest to your strongest hand. LOCK YOUR BRAKES, then open the door slightly and stuff a wadded up towel in the aperture so the door can't close itself,

Now take your brakes off and back up for another run at the door. This time you want to come in at an angle so that your strongest arm is closest to the wall and so that the door would open away from you.

With your brakes locked securely you can use your reacher to push the door open wide enough for you to get through. It may take 2 or 3 efforts but finally you can get it open wide enough. Now me, I like my privacy, so I hook my belt and the thong off my bath robe to make a loop. This I hook in the door handle, and pull the door shut after me. Privacy is man's most prized possession.

Approach the commode from a slight angle so that you are almost aligned with it. Get as close as you can, then lock your brakes VERY securely this time. Now, the law for getting out of your wheelchair is to reach your weaker arm forward for something solid to steady yourself with and use your stronger arm to push up on the wheelchair arm. Before you go to stand up, work your droppable clothing as far down as you can so you won't have to bear your weight on your feet any longer than necessary. People who have not had a stroke yet can not fathom how crucial it is to plan ahead for those times when your muscles cannot support you more than one or two seconds. You can tell them again and again that it is 200 pounds (or so) worse than being a baby again; but they can SEE your muscles are still there, so what IS your problem?

HERE'S where that glove comes in. Your weaker hand will be on a grab rail where it belongs. If that hand slips because that bar is slightly wet or whatever, you are a goner. But if you can get your stronger hand over there to that bar, because you have that glove on, your strongest hand will not slip. Therefore you will not crash head foremost into the wall, bench, or tiling.

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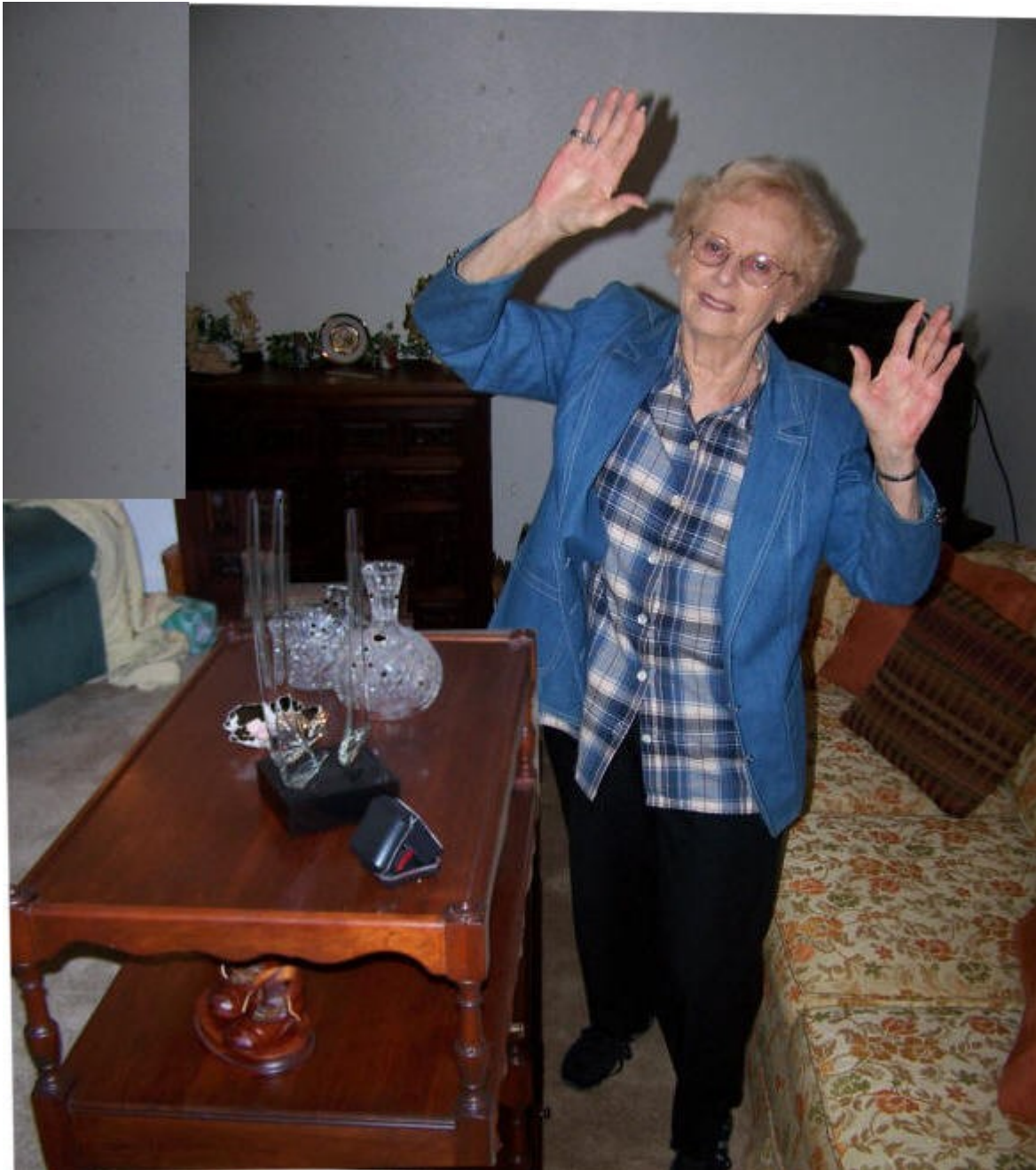


When you go home you can expect one of two reactions from people... One is: Let's put him in a cradle so we can rock him to sleep if he stirs.. and the other is: He hasn't stumbled in the last ten minutes, let's give him a long pole and see if he can balance an elephant across Niagara Falls on a tightrope.

Friends from either extreme can get you killed, but I prefer to earn my place among the latter bunch *if* my choices are limited.

Falling, Falling, FALLING!

There are falls, and there are **FALLS**. The good news is, if you don't panic, you can turn the worst of falls into something less. By paying attention to your surroundings you can eliminate most falls either by changing things around, or moving through the obstacle course more cautiously. For example, if you have a bunch of sharply pointed glass on one side and a pillow infested couch on the other side, which way do you want to fall, **if you can't prevent falling?**



When a fall happens your first instinct might be to put out a stiff arm to break your fall. The older our bones are, the less attractive stiffening anything up becomes. What you really want to do here is HASTEN your fall. In the dramatized picture above you see Jane throwing her hands up, and over towards the couch. That helps a little. Her left knee is also bent and going on down so her left side falls faster than her right side. Her right foot raises her up onto her toe to throw her even farther to the left as she falls.

“Wait a cotton picking minute!

“I CAN'T THINK OF ALL THAT WHEN I START TO FALL!”

Darn right you can't. ANY TIME, ANY WHERE, **you plan ahead for a fall** so you won't HAVE to think about it. You will want to know in advance which direction you want to fall in and determine how you can make it happen.

Curb that thought there will come a day that falls are a thing of the past... It has now been four months since I left the hospital. I have climbed the highest hill in the world. Now I live alone in a wilderness where ambulances can't -- and won't even try to -- visit. I deliberately take my daily mile or more long walk up a treacherous mountain road, and back, knowing full well that one of our local bears may attack me at any minute and all I have is a rotten stick to beat it off with.

I am living proof that you can lead a rich, full life with loads of adventure and hours full of tingling excitement, without throwing one ounce of caution to the wind.

Since my sweet wife traded me in for a stray cat I have learned to cook my own food, wash my own dishes, wash my own clothes, mow the yard, AND -- without any kind of help or supervision -- I HAVE ALSO REPAIRED MY OWN ROOF IN A 40 MPH GALE!

I refuse to live a life of limitations, but I guard my independence with planning, precautions and plenty of exercise, larded with hours on end of exuberant fun. AND,

**OCCASIONALLY,
I STILL FALL!**

Because I have planned ahead I have found it is possible to limit the damage of even the worst of falls, even though it is impossible to eliminate the possibility of falling.

When you get home that first time,
throw those 40 Watt bulbs away and turn up the light.

Turn on the light any time you get up at night. It is shocking how many things get tossed into the floor after everyone is sound asleep.

Have a flashlight close to hand just in case the electric goes off.

Have your cane or your walker near the bed even if you haven't needed it in days.

Put up a rail in the shower that you can grab hold of.

Sit DOWN to take a shower or a sponge bath. Out here in the wilderness I use a tough plastic ice chest that I fill with water to make it even more stable. Remember, I am all alone out here, I cannot afford to slip. I suggest that you can't afford to slip either even if 911 is camped right outside your door. Even now, I bring a chair up beside the tub to sit on while making the transfer. First, one foot goes into the tub. It is not asked to bear any weight because it might slip when time is awkward. Then I shift my ponderous bulk over to the ice chest, then bring the other foot inside the tub. A soft bristle back scrubber lets me cleanse every inch of my body without risking damage to any part of it.

Put the toilet paper where you can reach it without leaning over.

If you can't install a rail near your commode for some reason, bring your walker or a sturdy chair in there every time, just in case you get dizzy with effort.

Remove all loose floor tile.

Eliminate throw rugs.

NEVER walk on a wet floor.

If your favorite cat insists on darting between your legs, use it for target practice with a power water gun.

Dogs that run up to bowl you over with affection should be power trained instantly.

Don't even reach for a toothpick without FIRST making sure your feet are solid and your sense of balance is in good working order.

If you have been sitting for more than three minutes, when you stand up to go anywhere, FIRST make sure both your legs will move at your command.

If you ALMOST fall anywhere. take it for granted that you might not be so lucky next time and do something to keep it from happening. One uncontrolled fall can put you back in the hospital for months. Don't, take, a chance. Don't take any kind of a chance.

It is common knowledge that you cannot change or alter the law of gravity just by thinking.

That is a stupid law
and I want you to repeal it.

YES! I am serious.

If four men (or women) can bail out of an airplane at 10,000 feet, and several seconds apart, they can, just by thinking about it, get close enough to each other that all four are holding hands to make a ring, then get far enough apart so they don't tangle each other up when popping their chutes open then YES, you can change where you will land just by thinking about it. I know from tough personal experience that if I have even a split second of calm, unpanicked thought that I can influence where I fall and how hard I hit. If you start falling unexpectedly (you haven't planned ahead) the first thing you want to do is kick the panic out of your mind and start weighing your alternatives.

In the desperation of a fall you can slow time down enough to push panic completely out of your system and give your full attention to where you want your body to land, and what position you want your body to be in when you connect. Faint if you have to, but you want to be limp and limber at the point of maximum impact.

Out in wide open spaces you will want to fold your body forward as you fall. Instead of reaching out for help where there is nothing to support you, fold your knees and either take a deep bow -- if you are falling forward -- or throw your hands up and back over your head so you can lean backwards, or to either side.

Falling is ALWAYS dangerous. Even stunt men break a neck now and then. So, the first thing you want to do upon entering any new environment is identify, and eliminate as many tight or dangerous

spaces as you can find. If they can not be eliminated then think of a way to avoid them, or at least plan in advance what you will do in a worst case scenario. By thinking ahead you can change the outcome of every situation.

When you do go home do not take it for granted that your family can see or notice how dangerous some obstacles are for you, and meekly bow to their supposed indifference. "I guess I'll just have to be more careful. SIGH."

Your mean old family may indeed be looking for an excuse to trade you in for a stray cat and they may not be willing to move their lovely, sharp, decorations around merely for your convenience, but you won't actually know that, **until you ask.**

When you want to be heard, you have got to speak up. The only way to get a better solution is to ask for it. Communication skills are a necessity. As my favorite aunt says: **"Suffering in Silence is for fools who can't communicate."**

If you want something like those glass sword fish moved, try to come up with an alternative location or some other solution **before you ask the other party** to move something. **Don't get the hearse before the horse when you ask either:** "Joan, these glass swordfish would look ***SO much prettier over there*** on the mantle, *don't you think?"* If you start off in a tone like that you can actually see Joan's lips tightening into a scowl of stern resistance.

Here's another way to go about it: "Joan, these glass swordfish look so precious and every time I have to pass through this constricted area I worry about falling over and breaking them. Do you think we could move them to another place, maybe over there, just until I get a little steadier on my feet.?"

When you are going down a lonely hallway you can stabilize yourself by occasionally brushing your hand against the wall. All I use is the back of my hand and only the fingertips part of that hand. I'll tell you for sure, just one finger nail against that wall can help you stabilize and catch your balance. No, you can't support your whole body on one dangling nail, but YES, the touch of something solid on that same nail can brace you up, reassure you, and give you more confidence.

When you look confident, people will not suspect you might cave in at any second. When I have gone just as far as I can go, I can go another mile on confidence alone.

When I interviewed Mary Weeks at the Arkansas School For The Blind she was preparing to take nine blind students down the white waters of the Buffalo River in a string of canoes. The year before that her graduating class had gone rappelling down the side of a cliff. Not one of her students was relying on help from an "I think I can." When one of them comes to the end of a hallway s/he can tell others exactly how many steps it took to traverse it. When they come down from a fire tower they can tell you how much space there was between steps, how many steps it is to the top, at which step to expect the direction of the wind to change, and they can tell you if the temperature varies along the way – like it will if a shadow blots out the sun. When they pick up a paddle the first time in their lives they already know more about it than most seeing people ever will. After a very minimal training session, when they hear the command "Stake Left!" every one of them will put that paddle out the same distance and plant it in the water to the same depth. When they finished their training in a pool they were eager to pit their skills against the white waters.

Not every blind student can measure up to this kind of precise monitoring, but those who do, they have what I mean by the word: **CONFIDENCE**. They have the certain, sure knowledge that all systems, are GO.

One thing that can throw your balance off is carrying some object. Even if all we are carrying is a bent paper clip, if it starts to fall we will try to pluck it back. Forget this learned reaction. Let that sucker fall, and if you can do ANYTHING about it, deflect it away from your feet. Otherwise, let it fall. Knives are probably the most dangerous thing to carry so I'll start with them. #1, NEVER carry any sharp object with the sharp end pointing back at you. You fall on it, it goes right through you.. Glass or glass shards are next on the list. #2, hold anything, sharp or not, away from your body, at least a few inches to the side. If you begin to fall, throw whatever you have, away from your body. #3 If at all possible, carry objects in your weakest hand. Leave your strong arm and hand free to get you out of trouble if it comes.

The best way to carry small objects is probably by cupping your hand around the base of it. Especially when you are carrying something it will help to pretend you are the driver of a fast race car. Sweep your gaze forward, to either side, and back, forward, to the other side, and back. If anything changes position on the road ahead of you it will be made manifest to you almost immediately. You may find out, as I have, that it isn't the irregularities that throw you the hardest, it is the smooth as silk changes that somehow escape your notice.

Each time your horizons widen you will find more distractions looming. You can not drive ahead safely while constantly looking behind you in the rear view mirror. Not only was that dangerous before your stroke, now, with your mind injured, it can be even more hazardous to your health. You want to learn, NOW, at slow speed, how to keep your mind concentrated on the road ahead of you. Burn these safe habits into your every action and they will grow with you as your horizons widen yet again.

Before you are ready to put your wheelchair away you will be introduced to a walker. Most walkers are very light pieces of aluminum metal with two tips on the legs in back that can glide, and two wheels in front that turn easily. It is adjustable to your height. It is strong enough to hold up at least 250 pounds without crumpling. I could even exercise on mine as if it were two parallel bars.

The first thing you want to adjust when using a walker is your posture. Do not lean forward as if there were a wind in your face. You want your shoulders back, your belly in and your nose tilted at anything that makes your eyes look out, level with the surface beneath your feet.

The second thing you want to change is your attitude; you are almost walking now and the one thing you do not want is growing dependent on your walker. Lean on it all you have to, for as long as you have to, but bear in mind that your use of it is only temporary, a stepping stone to greater glories. Sagging is out of the question. Lurching, is out of the question. What you want to be doing is pushing that walker with just as light a touch as you can grow into.

The bad news is that if you trip over anything it will probably be your other foot. "How did that thing get over there?" The good news is you can get out and mingle. When you get a little bit stronger and more confident you can [go to the fair](#).

As soon as you feel adjusted to your walker you may find yourself fighting the temptation to reach way out with your walker then walk up to it before reaching WAY out again to claim more territory. Actually, the basic walker is designed so that you can walk INSIDE OF IT. Think of it as your personal tank. Long after I outgrew the need for my walker at home I would take it with me to the mall. For some reason people will flow around someone in a walker where they will jostle someone with a cane without a compassionate thought in their heads. The front of the walker is open enough for you to take rather long steps when required without your thigh touching. And the back is wide open so you can back up in a hurry, if it is ever necessary.

The walker also makes a formidable weapon since it is so light that you can raise it, wave it, and stab with it. True, you should have your back up against something solid before trying any of these diversions, but it is also still true that in the face of real provocation your adrenalin will be surging through your veins so fast and furious that you can stand independent from all shackles.

The walker widens your horizons considerably. At first glance wheelchairs give you more freedom, and more speed. But when the road runs out in the wilderness, it is the walker that keeps going. Wheelchairs are designed to be used on hard surfaces, like hospital floors. In real life the entrance ways of even the biggest stores are made in such a way as to jolt and jar anyone in a wheelchair. Even walkers have a hard time getting over these new surfaces, made to look like river rock and just as rough. Churches too seem to take little thought for their handicapped patrons. New laws insist that a sloped entrance way be added to all public buildings, but I defy anyone to get their wheelchair through those huge doors with a hydraulic brake on them.

With a walker you can negotiate the grade and jam the door open wide enough for you to leap through. When the paved road ends you may have to slow down for the loose gravel, but you can keep right on going. At last you can really go to the rest room on your own. Shaving or putting on your makeup is not only possible, but almost easy. Before long your hands will automatically dive right for the cushioned handles at the first sign of a tilt. It is precisely at this point that you are most likely to fall.

When you do fall (out in public) it is almost inevitable that someone will rush over to help you back to your feet by jerking on your shoulders. Beg them to quit before they hurt you. Look for the strongest looking person there that looks at least half way concerned. "Will you grab hold of my belt in back, or around the waist, and help me get slowly to my feet?" If it is just you and the cuckoo bird out there when you take a fall from your walker, there is a brace across each side of your walker, about 22 inches from the ground. Stand your walker up, close to you, and use that brace to bring yourself slowly to your hands and knees. Then, turn the walker so that you and it are facing in the same direction. Let your weight bear down on the back legs and climb your way to an upright position.

When I first started using my walker my left leg had to be dragged up beside the other one. I did this by lurching a bit and standing up taller by leaning more on the walker. This furnished an incline for the left foot to slide forward on. The curse of the double-headed zombies was upon me though. When I dragged my left leg forward that left foot would turn over on itself and if I wasn't careful I'd be standing there on top of my ankle. Had I not glanced down just then and seen the problem I would have crushed that ankle into a shattered powder.

There are other varieties of walkers but they are generally designed for the person facing a lifetime of walker use, and probably diminishing use as health deteriorates. There is one with everything on it but a horn. When you get tired, you can even sit in it. There is a basket to carry goodies in and the brakes can be locked in place. The biggest defects show up when you start uphill, or down. That thing is big, and it is heavy, and it can get away from you. As long as I can move at all you will find me still satisfied with the basic walker.

You may well leave the hospital after you have mastered the use of your walker. If so, you should be prepared for a savage dose of prejudice.

"Huh?"

Dealing With PREJUDICE

Be prepared for prejudice outside the hospital: For example, if you are pushing a walker, a lot of people automatically assume you are mentally handicapped as well as physically. For example: intent on

buying a color laser printer on the way home, I went into three electronics stores before finding anyone willing to wait on me. There were two free clerks available in the third store; they tossed a coin to see which one HAD to wait on me. The loser shucked his responsibility as quickly as possible and left me standing there. So, we went to a fourth electronic store. A rep for HP just happened to be present and the door greeter directed me in that direction. To my delight the rep was a beautiful young girl, eager to show off her skills to any fence post that stood still and appeared to be listening.

She began to put her machine through all its paces, a crowd gathered and **they** began asking questions too. It turned into a real show and she sold both of their lazer color printers before I could get one. The HP expert smiled sweetly and said she would pick out one just for me and have it delivered there the next day. I agreed to let her do that and it is a real doozer and exactly what I wanted.

Do you think those receptions were exceptions? On the way home my wife and I decided to make a pit stop at the local library. As we came in the door she scooted on ahead for the ladies rest room. The floor was rough so I was just barely scooting my walker. A long-bearded old man assumed that I had come there to vote. He left his place in the line for voters and hurried out to stop me from going into the bathroom. "No, NO! The voting booths are in here."

I had suffered all the condescension I could stand for one day. "That's all right. I'm going to drop all my votes in the rest room." When I came back out I told my wife: "Us old men on walkers look so brainless that even guys too dumb to shave think they are smarter than I am."

"He was just trying to be helpful," she said.

"Helpful?" I asked. "He doesn't even have a sense of humor; how can he be helpful?"

After all my smarting off I went in and tried to vote for real. The booths were made of mere cardboard. My directions fell to the floor and I could not reach them without making the whole line of booths topple over. I needed help and there wasn't a white-whiskered old man anywhere to be seen. I do hope his twin brother is counting the ballots. HE will automatically know that a blank ballot is a Floridian voting for Obama, right?

If your progress has been relatively fast your next step up and out will be a walking stick, or a cane. Walking sticks are more supportive, but heavier to carry. Mine is still standing just outside the door, just in case I ever want to climb another mountain or something.

The worst thing about a walking stick or a cane is that you will use them. If someone hands a cane to Charles Atlas (Mr. Biceps when I was a kid) he will be leaning on it before ten minutes are up.

A little girl named Lee introduced me to the cane. Lee took the cane into her right hand and moved her right foot forward. "If you put your cane forward on the same side and at the same time as you do your injured leg you will be lurching all your weight on that side. That is worse than useless, you can hurt yourself a good deal as well." As she showed me what she meant it was easy to see she was lurching like a drunken sailor when she did it that way.

I wondered what I had looked like before. "How do you walk then?" I asked.

Funny that you should ask.

Use your cane correctly

Lee put the cane into her left hand and swept it forward as the right leg stepped away in the same direction. "As your bad leg goes forward put the cane out in your opposite hand and put your weight on the cane -- not on your leg."



She walked forward a brisk 20 paces and back again in a jaunty stride that made it all look easy until she said the tragic words, "Do not use your cane as an excuse to slouch. Watch your posture carefully. Stand up straight, tall, proud and handsome as you walk. You try it."

Sure enough, that treacherous cane got behind me. It hit the floor beside me instead of in front of me, and even when it finally went forward at the right time, the silly thing did not descend to meet the floor until I arrived at that spot and showed it where the spot was. "It will take practice," Lee assured me.

I was all too willing to pause in mid stride and postpone that practice period until a later date; Lee wasn't. "Keep going. Keep going."

Back and forth I went, muttering to myself and mumbling belated

instructions to the cane. "This is exactly opposite of what I thought was natural."

"Keep going," she told me. "Keep going."

Practice, and MORE Practice, Makes Perfect

It took almost 10 minutes but I finally mastered the art of walking with a cane. It just about wore me to a frazzle. Lee was not satisfied with that. She led me over to the stairs and insisted that I learned how to go up and down them. **"Up with the good and down with the bad,"** she told me.



What does that mean?

"When you are going up the stairs your good leg goes up first with the cane in place behind you, helping to steady your weight as you rise. Once your good leg is in place, push off with your cane and use the strength in your good leg to raise your body up to the new level. You repeat this process into you raise yourself all the way to the top of the stairs."

How about coming down the stairs? "That's when you go down with the bad. When coming down the stairs extend your cane to the next lower-level first. Use your cane to lower your body weight down as your bad leg descends. Make it absorb as much weight off that bad leg as your arm can stand while you bring your good leg down to that level. There your good leg takes up the weight of your body while your cane first, then your weaker leg descend to the next lower level."

How about that four footed cane you see the elderly using? Well, they are more stable, and they are MUCH more supportive when you are going across uneven terrain. When you turn loose of it to wash a dish, it is still standing there when you dry off your hands. But, if you are dining out and have a choice between taking a four footer or a walker, take the walker.

Yes, the walker does make you look more helpless. BUT, the people around you will notice the walker ten times as well as they do the cane. That four footer will get into more people's way than you can shake a stick at. No matter where you put it (as you edge through a

crowd) somebody is just about to step there -- without looking. BANG, all three of you go down together.

Who pays for all this broken merchandise?

Train Yourself For The Obstacles

Lee made me practice over and over again until it was obvious to her I did know how to negotiate the stairs and win every level. Then she took me away from the stairs and aimed me up against a blank wall. "Okay let's imagine you are fretting in line at a supermarket. You can't walk away in without losing your place in line. You can't move ahead either," she tapped the wall. "And you can't move backwards. What can you do besides stand there and endure it?"

I stared at the wall and cringed. This situation was all too real for me. Five minutes too long in a slow-moving line at the grocery store could literally put me in bed for five days or more. But the only answer I could come up with to her question was "**uh**".

Lee nodded as if confirming some inner anticipation that might be my only answer. "The first thing you want to do is put your cane out in front of you, or to your side so you can use it to help yourself move your body around while standing in place.

"When you need to, use your cane to support as much body weight as you can stand.

"The main thing is to keep shifting your weight so that it doesn't fatigue your leg muscles."

Rising to the Occasion

She took a deep breath and continued. "When you are sitting down in an armless chair, ready to rise, place the tip of your cane close in front of your abdomen with the top portion pointed slightly forward. Use both hands to pull yourself upwards as your good leg raises you. If the chair does have arms then use your opposite hand to help lift and steady your body while pulling on the cane in your other hand."

I thought about that and nodded. I could see it working.

If my mind was wearied with so much learning in the hospital, it was literally exhausted when I came home and saw for myself how much tougher it is to live in an uncontrolled environment.

MOBILITY

In the hospital corridors, me and my wheelchair could do 15 MPH in the hallways. At home all I could do in a wheelchair was sit at my computer, and even then it was an awful hindrance. I couldn't drive it through the door ways. I couldn't drag it through the hallways. I couldn't get it near the dining room table because that particular room of the house is a foot lower than the rest. If **you** are being sent home to live in a wheelchair then send a carpenter on ahead of you -- with a wheelchair -- to make sure things are convenient for your arrival. Little things like the toilet paper being where you can't reach it can throw you for a loop so, PLAN AHEAD!

One horrible torture that will be prescribed for you is losing weight. I am and was an almost thin person, but that has never been my fault. I did absolutely everything I could to gain weight, Finally, my weight began edging up, up, and more up until I hit the 230 mark. Good heavens, I am FAT. Well, there is only one thing to do, and that is to quit eating.

Quit Eating?

Man has been known to kill for a morsel of stale food. Women have been known to eat their own babies when the siege got tough. Just paring down the portions of food I ate was tough enough but it is definitely something I needed to look at as a real option.

Remember those old jokes about President Reagan and his prunes? Prunes work better than a laxative for a whole lot of people. If you are addictive to "junk food" you can just about break your habit with prunes. Eat a potato chip? Eat a prune after it. Eat a little-bitty candy bar, you know the size I mean. It is so small you can hide it almost anywhere on you – eat one, eat TWO prunes.

Before you know it you'll have that junk food addiction on the run. This might be a good time to become a frugavore too. Dates, peaches, apples, pears, even persimmons are good for you. If at all possible, eat them raw, but frozen is almost as good.. Don't forget to drink lots of good clean water.



Now that we have you safely home and in the care of your REAL doctor, I'm going to tell you some facts of life. "You are NOT well" comes at the top of the list.

The hospital probably gave you a semi-truckload of pamphlets about stroke and the exercises you should be doing. Make up your mind that you will pull those exercise brochures out and study them. Any of them you can do, do them religiously.

#2: Even if you exercise daily you can expect setbacks. There may be a BOING and suddenly your weak leg is dragging horribly again. BOING, there are funny feelings all up and down that weak side. BOING, you can't stand to be touched anywhere. BOINGAYIKES, you're scared to get in the car that is actually going to move off into traffic! Yes, expect some of these things, maybe even all of these things – but you can also expect sudden and drastic improvements. As best as you can, ignore all of these and don't be unduly concerned if your doctor seems to ignore them too.

**The only way to chart your progress
is by looking backward**

You can't tell how up the mountain you have climbed by looking at the distance remaining between you and the top.

But look back down at how far you would FALL before you reached the bottom -- and you may experience some severe vertigo from seeing the progress you have made.

If you become depressed over lack of recovery, look back to how long it took you the first time you learned to shoot a basket. It may take that long again if you don't keep practicing and doing your exercises. Not too long ago, you were just about as helpless as a newborn baby. THAT'S where you start measuring your progress from, not yesterday or even the day before.

You're an adult now and your mature brain (that may sizzle helplessly occasionally but still functions some of the time) can train your physical body with less loss of motion than a baby's mind could. But if you begin getting impatient with your body instead of studying it for clues to how you can help your body to make more improvements, it may well collapse on you.

#3: If your body starts panting "Rest. Rest. I've got to have some rest!" Be glad your body is still talking to you. It never hurts to throw your body into bed and close your eyes. If your family is silly enough to express concern about you sleeping so much remind them that a substantial part of your recovery is made while you are sleeping. This may be the only period in your life that you are encouraged to sleep a little more; take full advantage of it while you can.

#4: Along with a healthy diet I would also suggest taking a tonic. There must be a hundred of them out there promoted by one Multi Level Marketing company or another. Having a high number of friends I guess I have tried just about all of them – and I have experienced a good deal of satisfaction from most of them. But the only one I have stuck with after discovering it is Glacial Milk®. A look at the ingredients label says Glacial Milk® has everything in it but a dose of dirt. There are three different flavors, and I hate all of them. I buy mine at Sam's® and the price varies from over \$20 to less than \$10 for something close to a quart bottle.

#5: Without reason or warning you may discover changes in your taste and desires. It kind of feels like a personality shift. Before I hated ice in anything I drank, now it tastes good and I even ask for heavy ice when buying a soft drink, which I never drank before my stroke. Before, I scorned mustard and craved ketchup. Now I crave mustard and shun ketchup. All in all I approve of most of my taste changes; at least they don't fly in the face of logic.

CAUTION: Professional body trainers disagree with the way I retrained my body. Therefore, if you are having any degree of success following your trainer's advice, **stick with it.**

Now I'm just an average guy, well no, that's not true. Actually, for most of my life, I was considered SLOW by ranchers and farmers alike. More than one farmer let me go because I couldn't keep up. But about thirty years ago I decided the most important thing I would ever learn was how to learn. I began by monitoring my thought processes. At one point I decided that over 80% of the conclusions I had reached earlier in life had been absorbed with unadulterated glee from people I didn't even like, much less trust with manipulating my mind. As Herbert Spencer said one time: Let's get back to First Principles. One of the questions I kept asking myself was "Why do you believe this is true?" It soon became obvious that many of my first principles were buried under fifty or sixty layers of filth and stupidity. "Who sold me THAT bill of goods?"

Halfway through that project I began monitoring my body actions and reactions as well. Compared to the brain, the body is relatively a simple mechanism. It isn't until the body realizes it has a brain that it becomes capable of some of its true potential. There are professional basketball players with motor skills so finely tuned that they have to almost knock themselves in the head to miss a basket. A great set of motor skills are not reserved for a few gifted individuals either. Back when I only had six kids to feed, I did some plowing for a farmer. I couldn't even run the plow when I started.

Two days later, when I came to the end of the field I could throttle down, tap up the hydraulic, spin my steering wheel hard over to the side I was turning towards, turn the plow upside down, jab the appropriate brake, bring the throttle down another notch, release the brake I was holding down and tromp on the other one so that with a little fine tuning on the steering wheel the front end of the tractor flopped unerringly into the furrow, yank the throttle wide open, drop the plow at the exact moment it lined up straight, and off I'd go in the opposite direction, all without taking my eyes off where I was going.

I might add that when I made a slight miscalculation of a mere four inches it brought the end of the plow in a solid TWACK against the cement ditch. That impact was so solid that almost twenty feet of concrete popped up and laid down against the other bank. The plow wasn't hurt so I went on back to work.

Not long after that event, one farmer I went to help one afternoon needed for me to learn how to operate 14 pieces of equipment, new, to me, before the next day when I would take his place. By then I was fairly proficient in learning new work and I had mastered all of them by nightfall. I have always said that teaching my children how to learn was the most important skill I could pass on to them. They would have preferred money, but that's okay.

I have heard ace pilots describe their body's responses (after successful missions) as being in the groove, or smooth, or fluid. Champion ropers also have a groove. I have been privileged to watch several world champion cowboys practice or perfect their roping skills. Champion ropers find the best way to rope and train their arm, eye and body to hone that skill to a perfection. Great football coaches call it GETTING BACK TO BASICS.

Professional body trainers are all into measuring: ten laps today, you can do eleven tomorrow. They were completely bewildered when I refused to cooperate and explained: I am not out here to do exercises to my body. I am out here to exercise with my body.

At first they were expecting a real fight out of me. Before 30 minutes had passed they realized that I was eagerly seeking their advice and expertise. With each new discipline I first made sure I understood AND DID exactly the motions they wanted to see. [Hey, you bring two hands together and you say AMEN. What's so hard about exercising?](#)

No, that is the outside. These were professional trainers; their exercises were designed to use different muscles in different ways. I meant to take full advantage of all their skills, all their talent and their professional observations on top of that. After my stroke only half my body was open for monitoring. I was forced to ask: Are my shoulders square? Is my neck straight? Is my head tilted properly? Am I leaning too far forward? You think these things come naturally? They don't, and without proper exercising the mind can lose connections again.

Little wonder then that the second thing I bought after leaving the hospital was a "total body" exercising machine. Every day, sometimes every hour, I use it.

Back when I started working that plow I did not know how to perform any of those actions. Nor did I know the proper sequence or what the exact amount of pressure to exert was. After studying out what I needed to do and which muscles should be used for each action a sequence developed. This I went through several times in real life, but without any machinery moving. On day two all I had to say was TRIP LEFT, or TRIP RIGHT, and my brain sent the right signals out at the right times and my arms, legs, body, head and eyes automatically responded in the groove.

I could care less about measuring any action or performance against any other – including my own. When learning any new project, the first thing I do is map out the groove I want to be in while doing some specific exercise. Then, [so slowly](#) it infuriates the people around me, I mold my mind-body into automatically responding to enter that groove. Even after I obtain that groove in slow motion, I do not lurch into driving for more speed. I believe that as my mind gives and receives feedback my speed will automatically increase.

Quite often I am wrong. If I don't shatter any speed records, if I'm not half as fast as the next guy, I can live with it. I can be happy because I do know that performance is the absolute best that I could do with what I had at that time.

Okay, now you are mentally prepared to join me as I relearned how to drive a car.

Buckle your seat belt; there are cliffs and gullies here that don't have guardrails up.

I told you about testing my reflexes out when trying to drive my pickup? When I began relearning how to drive I picked out a lonely part of an almost forgotten stretch of road. Stroke can not only leave your muscles limp, stroke can strip your mind of its most basic memories. I had not lost everything, like some people, but it was pretty close. When it came time to relearn how to drive I wanted the whole road all to myself.



What ARE the basics of driving a car? With an automatic you just put it in gear and press down on the accelerator, right? But there are so many other things, like staying on your side of the road and looking in your rear view mirrors. How can anyone do all of this at once?

My mind can remember going places, but somehow I couldn't remember how to stay on the road. Those directions had been embedded in my motor skills, and they were wiped out. Even though I was going less than ten miles per hour it seemed all I could do to keep the car on the pavement. Sweat trickled down into my eyes as I struggled to keep the left tire somewhere close to the right hand side of the center line. What in the world was wrong here?

In the hospital I had suspected my body's system and tides had gone back 10 years. As I struggled with the steering wheel I had to conclude that my motor skills had jumped several cogs and went back 50 years. Before my stroke I was a left-handed, top of the steering wheel driver. Now both hands were at the top of the wheel and in less than a mil I had worn myself to a frazzle. As I monitored my reactions I realized that one hand was fighting against the other with each move I made. Not only that, when I wanted to turn left, I leaned to the left – when I wanted to turn right I leaned to the right. Then it came to me: I was using the reflexes it takes to ride a bicycle. Yes, there it was, if the car lunged towards one of the gullies and I

wanted to stop my right foot would ratchet backwards to slam on the brake. Back in my day kids could clench that brake hard enough to skid the back end of the bike plumb around the front end.

All right, time to retrain here. Brake? Brake. Brake? Brake. 10, 15 times later, I had the brake response down pat. Deep breath in, blow it out. Now let's retrain these hands so they know how to drive automatically. I had never believed driving with one hand was the safest thing to do, but I'd been too lazy to retrain myself to consistently drive with two. This was a good time to make amends.

Two hands, top of the wheel. No, by golly, that leads to muscle fatigue in a hurry. Two hands, bottom of the wheel. Yes, lots better, but I'm still weaving like crazy here. Just then a pickup came sailing at me from over the hill. He was half in my lane and I was half in his. Oh boy! Do I take my side of the road, or his? His reflexes will be to get back into his own lane, therefore I need to be in mine. Boy, that was close. Up the hill and down. There's more to steering than tugging at the wheel. The closer my gaze is to the road in front of my tires the more corrections I have to make. Farther down, look farther out. Yes. Now you're doing better. Let's up the ante to 15 miles per hour.

The first little town I came to brought more sweat oozing down my forehead. Where did all these cars come from? Which way are they going? Is that a stop sign? Are the people behind me going to stop, or ram me? Is this a 4-way? Boy, how much I had taken my motor skills for granted.

It took 250 miles of safe driving before I felt comfortable doing the speed limit. But I still heaved a great sigh of relief when we switched drivers to get through the big town of McAlester.

Relearning how to drive is possible, but maybe one of your grandkids ought to be in there the first time you press down on the accelerator?

Apparently the best information on line about stroke comes from: <http://www.stroke.ninds.nih.gov/> This is all the more amazing since it is a government web site. The site has an acronym of NINDS. It is the nation's primary supporter of biomedical research on the brain and nervous system. "Each year in the United States, there are more than 700,000 strokes. Stroke causes more serious long-term disabilities than any other disease. Nearly three-quarters of all strokes occur in people over the age of 65 and the risk of having a stroke more than **doubles** with each decade you live through after the age of 55. Overall, 80% of stroke victims do survive though.

Of every 100 people who are hospitalized for a stroke, 15-40 will return home and require home care services for rehabilitation. Stroke rehabilitation is one of the key components of stroke care. The goal of rehabilitation is to assist stroke survivors to reach his or her optimal level of physical, social, and emotional function.

Research into the nature of the brain goes on relentlessly. Studies are now so deep and so intense that most of us can no longer even understand the terminology being hashed up without an up-to-date dictionary handy.

Taken down to a brass tack scientists are learning that the human brain is almost as complicated as the universe itself. One thing is for sure, the brain wants to be self-healing, even after a stroke. Give it time, give it rest and your brain can (and probably will) go back to work for you.

This book has been published for [Lin Stone](#) by [Tale Wins](#). It can be copied with delirious abandon only as long as no changes of any kind are made to the file. Pass copies out to your friends and family.

ANYONE visiting a stroke victim in the hospital is expressly invited to print a copy out for more convenient sharing. There are many other [free books](#) available at Tale Wins.

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