

# Arteriovenous Malformation Recovery - Paul Fink

While getting ready to go to work, Paul complained of a shocking head, soon after his speech was gone and the next thing he remembers is being cared for by the paramedics.

Social: [https://www.instagram.com/professor\\_fink/](https://www.instagram.com/professor_fink/)

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Transcription:

Paul Fink 0:00

In fact, this conversation on the phone is more challenging because I think using screens or on the speaking on the phone is more challenging. With me with my brain, I need to see the information, written information to understand if not, I struggle a little bit.

Intro 0:41

This is the recovery after stroke podcast with Bill Gasiamis helping you navigate recovery after stroke.

## Introduction



Bill 0:53

Bill from [recoveryafterstroke.com](http://recoveryafterstroke.com) This is Episode 113. And my guest today is Paul Fink. Paul experienced a hemorrhagic stroke caused by an AVM or an arteriovenous malformation when he was just 34. And has been getting better ever since.

Bill 1:09

Paul has started to walk again, talk again, he's running and driving a car. He still has some speech issues due to aphasia, but this hasn't stopped him from also taking up public speaking.

Bill 1:22

Now has your recovery had to take a backseat due to COVID-19 restrictions? If you're feeling a little disconnected from your support team due to restrictions from COVID, 19, shutdowns, and lockdowns and you are looking for more support, you may want to consider recovery after stroke coaching.

Bill 1:39

People that have already signed up for recovery after stroke coaching get 12 months of unlimited access a private one on one coaching thread with myself by a private forum. You have instant access to online training materials that can only be accessed by coaching clients.

Bill 1:55

You get access to courses, monthly trainings and challenges made by a stroke survivor. For stroke survivors, you also get expert interviews that are only available to coaching clients, and mp3 which you can download for listening on

the go.

Bill 2:10

All trainings are transcribed to PDF for people that prefer to read and take notes, or highlight important bits for reviewing at a later time. You also get two live hour long coaching calls per month where you can ask questions and get answers.

Bill 2:26

You can access the site 24 hours a day, seven days a week and complete training at your own pace and without needing to leave the comfort of your own home. To find out more simply go to [recoveryafterstroke.com/coaching](https://recoveryafterstroke.com/coaching). And now it's on with the show.

Bill 2:41

Paul Fink. Welcome to the podcast.

Paul Fink 2:44

Thank you very much.

Bill 2:46

Thanks for being here, man. I really appreciate it. You're a local lockdown person.

Paul Fink 2:54

Yeah. Well be okay. Very soon, I guess

Bill 3:00

Yeah we'll be okay eventually can't go on forever. Paul tell a little bit about what happened to you, man?

Paul Fink 3:09

What happened? Well I had a stroke over six years ago I was 34 I was pretty healthy and fit, never had medical problems growing up and I was pretty fit and anyway, I found out after I had a AVM stroke and what happened?

Paul Fink 3:47

My memory is all a bit hazy because my stroke was very quick. Basically, it was Friday morning. almost going in the shower going to work. And I was Yeah, I was feeling okay. feeling fine, I guess.

Paul Fink 4:18

And my wife said, because I can't remember saying that. My wife said I have a shocking headache. So but basically all of a sudden, I was sweating trying to speak but my words was not English was very gibberish, I was almost past rational thinking at this stage pretty quickly.

Paul Fink 5:02

Luckily, I was at home and my wife was here. And my wife called the ambulance to help me. And I think I remember the paramedics came with my bed. I remember needing water, lots of water, because I was sweating and I was struggling I think maybe half an hour I reckon I passed out at home.

Paul Fink 6:01

And I can't remember after that. I can't remember waking up after two weeks in the coma. Three or I think three brain surgeries. But I can't remember. I can't remember my ICU stay. Vaguely I have memories with the ward at the Alfred hospital. And I think because my wife said, I have lots of drugs in my system.

Paul Fink 6:52

So I was partially very confused with the drugs. But I think I was pretty fortunate because I missed everything so and possibly I'm not traumatized with me because I can't remember and yeah, I think more my wife and my family's more traumatized.

Bill 7:43

That's really really interesting man. This whole experience that has left you with, I imagine at the beginning aphasia you couldn't talk?

Paul Fink 7:52

Yeah.

Bill 7:54

Swallowing issues?

## **Speech Issues after stroke**



Paul Fink 7:56

I think I can't remember swallowing issues but mouth I have few issues one stage option two with a Trekkie with a my throat but luckily I avoided it and yeah waking up after the coma. My speech was zero but I'm not aware I was not speaking.

Paul Fink 8:40

So I was thinking, always but I thought I was talking also I remember at the Alfred my best friends visiting me And was nice conversation nice laughs laughing and was funny anyway, and I thought I was talking also two way conversation but found out after my speech was zero.

Bill 9:24

How long after did you find out? How long did it take before you realized and someone told you that you weren't actually speaking in that conversation?

Paul Fink 9:32

I reckon few months maybe I think pretty sort of weird experience but feel never scared because I was feeling normal I guess.

Bill 9:58

Okay so your physical body is not normal, but you're feeling internally. And in your head. You're feeling normal.

Paul Fink 10:06

Yeah, I was talking speaking normally.

Bill 10:12

You couldn't walk right? You couldn't walk?

Paul Fink 10:15

No, definitely. And I remember one vague memory in Alfred in the ward, I think. And I think I was trying to walk somewhere maybe going to the toilet I can't remember. Anyway. Lots of tubes in my body, and basically, I tried to walk fell over on the floor. And lots of doctors and nurses running to help me and whatever. But yeah, but I was not aware I was not walking and speaking and all that.

Bill 11:06

So, how long after that did you take to actually speak again and start to communicate and most importantly, realize that you are speaking, actually speaking and not thinking you were speaking?

Paul Fink 11:24

Yeah, I think after moving to rehab at Caulfield hospital maybe four weeks after the stroke. So, I remember what happened was moving to Caulfield and was thinking I was waiting to move and why the wait?

Paul Fink 11:59

I was thinking my wife, Lauren maybe call my folks to come to drive to the hospital or whatever, but basically I need a hospital transport. So, the hospital transport trip one other guy was transport also.

Paul Fink 12:34

So, and this guy tried to speak with me. And this guy said, I remember well, this guy said, what happened to you and trying to respond and my words was zero. So I was lost for words literally.

Bill 13:09

Yeah, literally lost for words right.

Paul Fink 13:12

So after that I found out I'm maybe in trouble.

Bill 13:23

So took you on the trip in a in a ambulance transport vehicle. It took you that long to realize that oh actually there's nothing coming out of my mouth I'm not actually

able to talk yet.

Paul Fink 13:35

Yeah, I think I'm in trouble and after moving to rehab and seeing my doctors and doctors discussing with other doctors and nurses, all about me, but not to speak with me. But always a little bit isolated the conversation and a little bit anxious because I was thinking this guy is this doctor must be.

Bill 14:32

Big road ahead. Yeah? So when you woke up you spent some time in hospital you couldn't speak you had right side deficits?

Paul Fink 14:43

Yeah, Right side

Bill 14:47

Right side deficits arm and leg? And that meant that you had to recover both your speaking and your ability to walk. How long did you spend in rehab In total, getting back on your feet in some way?

Paul Fink 15:05

Including the hospital and rehab, roughly six months. The doctors trying to discharge a little bit earlier. But I was I'm always going so well with rehab. That the doctors decided extending the stay. I was pretty happy about it. Because I was a bit anxious to coming home.

Paul Fink 15:45

Because I was thinking coming on maybe less rehab. Less sessions. But I think yeah, I think overall was good idea staying more time.

Bill 16:09

Yeah more rehabilitation give you more chance to be safe inside their place where they help you where they've got a lot of support.

## **Post-stroke anxiety**

Paul Fink 16:18

Yeah and I'm a bit anxious to I have two overnight trips before my discharge. Try to I guess maybe reacquaint with my own life and because initially I was thinking

at home more anxious because thinking where is the closest doctor In case?

Bill 17:04

Yeah, right.

Paul Fink 17:12

Yeah, I said, I'm not much traumatized, but I am a little bit traumatized with the, I guess Anxiety coming home.

Bill 17:23

Yeah. And it's about what happens if it happens again? How will I be able to get help? Who's gonna be around to help me out?

Paul Fink 17:32

Yeah because I'm almost 10 months after the stroke my wife drives me to the Alfred my home and not myself. So I was pretty anxious driving further. For example, we had a two days trip at Mount Martha. Maybe one year after my stroke, and I was a bit anxious to drive same feeling.

Bill 18:21

My wife organized the trip for us overseas about a year after my stroke. And that was really hard because we were going to go to New York. And I didn't want to go because I was afraid. I'm what happens. I've heard all the bad stories about you know, New York about American hospital system and all that type of thing.

Bill 18:49

And my thoughts were what if something happens and I'm there, and I can't get back home quick enough or I can't get hospital care, wasn't gonna cost If I have to go to hospital with a will like, give me a bill for \$100,000 or something. Yeah, we went and it was okay. But it was on my mind the whole six weeks that we were away it really played on my mind.

Paul Fink 19:14

I think it's very similar I guess any trips and extending myself and if I survive and I'll be more relieved and less anxious after that.

Bill 19:32

Did they remove the faulty blood vessels in your brain the AVM is gone now?

Paul Fink 19:37



It's gone. Luckily.

Bill 19:39

Yeah. Which means it will never bleed again now it's completely gone, like me that was a relief after they took it out because now I know it can't possibly bleed again. It's not there anymore.

Paul Fink 19:52

So true. I think I had an angiogram after eight months after my stroke and before I was pretty anxious because recurring strokes and whatever but after the angiogram and the confirming the I will be all clear. I was so relieved and almost turn the corner with my rehab.

Paul Fink 20:30

Because after that is the worst case you will be tired or, but never not more other strokes. So, again, I'm still very fortunate.

## Professor Fink



Bill 20:51

Yeah, absolutely. In your Instagram, your Instagram says your Instagram is professor Fink. Are you a real professor?

Paul Fink 21:02

No. Definitely not.

Bill 21:08

How did you get the name Professor Frink?

Paul Fink 21:13

Basically, my English teacher was a funny and zany person. Mrs. Scott decided every pupil had a nickname. So mine was Professor Fink for example, other pupil was, doctor, I was professor. So, sometimes school friends use it professor so not sure why with Instagram.

Bill 22:04

It's awesome man. I love it. I love it.

Paul Fink 22:07

Nothing to do with medical. My wife is a physio luckily, because Lauren she's more medical oriented, I guess. Luckily, Lauren's background is very beneficial with me because my understanding is sometimes is lacking. But, Lauren always translates with doctor's conversations.

Bill 22:45

In normal language?

Paul Fink 22:47

Yeah, exactly. So I was working with full time with IT with computers, nothing to do with professors.

Bill 23:05

How long are you back at work? Are you working in your field? Or have you changed fields? What kind of work you do now?

Paul Fink 23:13

Yeah, still not working. I guess my recovery is ongoing. And good chance I will never fully recover. But that's fine. It's fine for me. But I'm keen to work on the feature. I guess I'm still smart. I guess.

Paul Fink 24:00

But, I guess I have limits with my aphasia, medication, mobility. But also, I was I said I was working with I'd say, but I was I guess I was trying to get a good job. Any job. Yeah. But I was never passionate with my career.

Paul Fink 24:36

I'm not knocking IT, but I never found the perfect role for me. So and yeah, that's

why I'm not working still. But my wife always said pre-stroke I said I'm always a hands on dad.

Bill 25:15

So you can be, daddy daycare kind of guy.

Paul Fink 25:22

Exactly.

Bill 25:24

Sounds good, man, nothing wrong with that, that's amazing. I actually enjoyed being at home more when I was recovering from the bleeds in my brain and then the surgery because I was around the kids more.

Bill 25:38

So I was at home when they came home from school. When I started to drive, I would take them to school. So it was really good because I had more time at home, which I'd never had in 37 years, you know, in all the years that I was working, I was always the one who was away from home and my wife was the one that I was always doing pickups and drop offs and all that kind of thing.

Paul Fink 26:03

I'm so fortunate because my oldest son was 7 months after my stroke so very fortunate because my son can't remember my stroke and I have two sons now and I guess dad me is normal I guess because no other comparison.

Bill 26:40

So no trauma about your stroke and what happened to dad and oh my God, we nearly lost him and none of that stuff.

Paul Fink 26:48

Not really. My son is more curious with more strokes now. And possibly a little bit anxious because Dad had a stroke but (inaudible) yeah, I think I'm very blessed not almost six years not working because lots of time with my family and dropping off and picking up I'm driving now so more independence.

Paul Fink 27:42

The stroke is a life changing experience with me but I feel my manner or attitude I guess, always very positive pre-stroke anyway. Always very positive. So I guess

my attitude is I had a stroke and I can't change the past so move forward and I was listening thing with other podcasts recently and pretty similar.

Bill 28:46

Outlook Stephanie Ho you mean?

Paul Fink 28:49

Yeah and I think she said similar thing you can't change the past.

Bill 29:05

Yeah, I know what you're saying Stephanie was on episode 102. She's an extremely positive person. She just talks about moving forward, the future recovery. She's been recovering for 10 years. And recovery is still continuing, and it's still ongoing for her. And she's getting better and better.

Bill 29:23

And it sounds like you're getting better and better as well. And you had aphasia. Your speech is really good. As far as I'm concerned. Like, it's fine. You can communicate normally. But tell me, like with aphasia, because I don't completely understand it, and a lot of people might not.

Bill 29:43

Is it just the words that you have trouble getting out? Is the thinking the same? Is it normal? Is it always kind of happening as it always has? And it's just the words that don't come out. How do you experience aphasia?

Paul Fink 30:01

Lots of elements I guess one is, can't find the words. The thinking is always there, saying it out loud is more harder. And the aphasia is infected with different loss of passes my memory, for example, I mix up with similar objects.

Paul Fink 30:48

For example, I mix up my kids names.

Bill 30:55

Everyone does that Paul I used to do that. My kids are 24 and 20. And I still get them mixed up. And they always roll their eyes or just ask are you having another stroke like what's wrong with you, man?

Paul Fink 31:10

Yeah, I think for example, pass me that fork and my son Dad it's a knife. I said oh yes, so similar objects, Knife to fork and spoon is similar objects.

Bill 31:35

Is it getting better? So do you notice that some days the speech is better than other days and what is it affected by? Is it when you're tired? Does it get a little bit harder?

Paul Fink 31:50

Yeah, yeah, definitely is more challenging after being more tired.

Intro 32:02

If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind. Like, how long will it take to recover? Will I actually recover? What things should I avoid? In case I make matters worse, doctors will explain things, but obviously, you've never had a stroke before, you probably don't know what questions to ask.

Intro 32:26

If this is you, you may be missing out on doing things that could help speed up your recovery. If you're finding yourself in that situation. Stop worrying, and head to [recoveryafterstroke.com](http://recoveryafterstroke.com) where you can download a guide that will help you it's called seven questions to ask your doctor about your stroke.

Intro 32:46

These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke. They'll not only help you better understand your condition. They'll help you take a more active role in your recovery. head to the website now, [recoveryafterstroke.com](http://recoveryafterstroke.com) and download the guide. It's free.

## **What's it like to have aphasia?**

Paul Fink 33:05

In fact, this conversation on the phone is more challenging. Because I think using screens or on the speaking on the phone is more challenging. With me with my brain, I need to see the information, written information to understand if not, I struggle a little bit.

Bill 33:43

So if you can read something that's easier for you to take that information in, then just by watching a movie or by listening, is that what you're saying?

Paul Fink 33:55

Yeah, definitely. And, in fact, recently Sometimes watching a movie or a show. I love using English subtitles. Okay? Because I miss a few words and not sure, I can't understand it. So subtitles is easier.

Bill 34:32

That's amazing because I have the opposite. Words don't do me any favors I can't get information off a page. If I'm watching a video that is the best for me if I'm watching the video and trying to read subtitle that's really distracting. That bothers me a lot.

Bill 34:53

So I can't deal with words I have to watch a video or listen and I think I prefer to watch a video because when I'm listening I get easily distracted with a video I don't get distracted. I see what's happening and I hear the sound at the same time.

Paul Fink 35:12

Yeah, so interesting because I love listening on the radio and but listening on the radio even including podcasts and whatever. I enjoyed it. But sometimes the information is in and out quickly. I can't process quickly to remember it.

Bill 35:48

Yeah. So, when I listen to audio books, because I prefer to listen to audio books instead of read the book. That information seems to stay around longer for me, then the information that I've read on the page. Yeah, reading it often I have to go back many times to read the same paragraph. But hearing it, that information goes in better.

Paul Fink 36:17

Yeah, that's, well, I guess any stroke is different. So, my problem is unique or very common.

Bill 36:31

I'd say what's happening with you is common. for other people. There'll be many

people that have the same experience as you. It's just interesting. It's definitely every stroke is different for every person, you've been recovering for six years. And how long did it take you to get back behind the wheel of a car?

Paul Fink 36:56

Two and a half years. My wife was pretty shocked with the progress I was pretty shocked myself because after the stroke I have few issues with my left eye, what happened was after the stroke one eye bled so I was see with one is fine other eye is little bit blurry.

Paul Fink 37:57

The problem is I was not speaking So I can't tell anyone with my problem and eventually with my wife with a sort of guessing game describing my problem basically one eye was blurry, can't see well, so, maybe I was in a hospital maybe during roughly I started to walk after four months and basically I had a minor eye operation and basically fixed the eye properly and after that my eye was fine, but saying that other problem occurred.

Paul Fink 39:06

There was a little bit tunnel vision, sort of looking straight is okay. But looking on the side. Very hard to focus on the sides quickly. So, I was a little bit nervous to learning to drive with this problem, but sort of resolved pretty quickly maybe two years.

Bill 40:03

You're eye got better and the tunnel vision went away?

Paul Fink 40:06

Yeah not fully but pretty quickly and yeah, I think driving was a pretty big milestone with my independence obviously with kids because my goals was to try to, I guess being normal as possible and driving with my son will be and driving to school, is a big part of my motivation to get better.

## **Stroke recovery goals**



Bill 41:18

Sounds good, man. It sounds like you're, you've got some goals. You're working towards them. You've achieved some really big ones. And you're still achieving more goals. Because I noticed on your Instagram, you're doing running. How long has it been since you started running again because I remember commenting on one of your posts that you looked like you were running because you had stolen something and they were chasing you.

Paul Fink 41:44

Basically, I was after the stroke was we will chip down for months. And first goal was learning to walk, learning to walk was a big milestone. And I use aid, afos initially and walking cane after that, removing the afo and walking cane and eventually sort of on backtracking but I love running pre-stroke my passion was running or is because running is my sort heavy place, I think clearly with running.

Paul Fink 43:19

But I have a pre-stroke issue injuries with my knees prevent to run. So, it's a long story but um maybe three, three years or three and a half years after my stroke and I was doing well improving my mobility I found out this program at the hospital with all that high intensity running group.

Paul Fink 44:07

So the guy the physio Gavin Williams was a, I guess the guru in this area with neuro and I start to this program. Initially I was not running yet. So I have lots of drills preparing to run lots of mini tramps and stairs and lots of exercises and maybe 10, 11 months after that technically, I ran.



Paul Fink 45:04

I was using a AFO because I was not using AFO at home around the house but only only this program and I started just 10 meters and stop and start it again. Whatever. I guess very common with stroke survivors is repetition.

Bill 45:40

Yeah. And slowly slowly and then increasing it and then increasing it by a little bit.

Paul Fink 45:47

Yeah. And eventually I guess I started running further. And removing the AFO was a big thing also. And every mini milestone will be good will be nice. Exciting, I guess.

Bill 46:31

So how far do you run now? So how long has it been since you started running? Did you say?

Paul Fink 46:39

Ah, I was. I think 2018.

Bill 46:47

So it's been about two years. So how far do you run now? And how long do you run for?

Paul Fink 46:55

The most run with not stopping was 400 meters. So, obviously for normal people 400 meters, not that much, not only one lap at an oval. With my one side paralysis it was a huge thing 400 meters.

Paul Fink 47:33

And I'm still going with my running group now and now my more interval training. So more cardio so for example run hundred meters and stop 10 seconds and start again and stop, and helping with a height right and with COVID I guess is more tougher because I can't see my physios.

Bill 48:18

And your trainer, and you're running group as well yeah?

Paul Fink 48:22

Yeah but I think i'm achieved with I can do myself now so I go to the local parks and I run and always better with other people.

Bill 48:41

More fun.

Paul Fink 48:43

But saying now I enjoy listening with my headphones and motivational music and whatever.

Bill 48:54

So do you find your happy place again in that time when you're running is it going back there?

Paul Fink 49:01

Good question because I started to run maybe few years ago. But the feeling was very different versus normal running because I was running not freely. But more than few months ago only, I try to feel a little bit more natural and feeling the same amazing feeling to run again.

Paul Fink 49:47

Not, freely, fully nowhere near but I guess more freely more faster. I Guess.

Bill 50:00

So what you're saying is slowly, slowly you're because this was my experience and I don't run Paul, I'm not interested in running. That's where we're different hundred percent. But when I do run, it's to run across the road or to get away from the car or you know, just to mock around with somebody to run after them just for a bit of fun.

Bill 50:07

I don't run as for any other purpose, but when I started to rerun, I had to focus where my foot was landing and that made it really difficult and really tiring. Is that what your experience was when you have to focus so much? And now are you starting to focus less on where your foot goes and you're just doing it instinctively?

Paul Fink 50:52

Bang on basically, initially I was very scared. rolling my ankle all the time,

especially not using the AFO. I'm using the soft ankle brace basically almost similar to basketball players use more support I guess. But not AFO not hard. And yeah it was I rolled my ankles so many times and one sense was lucky because my sensation is so much poor I can't feel my ankles.

Paul Fink 52:02

But I can't control my ankles. So it sort of with repetition more and more I trust my legs and more level ground because I have a bit inversion issues basically my ankle rolls up easily rolling my ankles.

Paul Fink 52:38

But i'm pretty cautious I never feel, once it rolled badly only sore maybe one or two days but now I'm more and more confident. But saying that I'm anxious to walk with uneven grounds. For example, last year, and my physio and me went to the 1000 steps it was beautiful spot.

Paul Fink 53:32

And I was thinking about going there may be testing it out. unlikely to climb all away. So my physios try to stop Paul stop. But I was thinking, I'm feeling pretty good. And we climbed all the way and it was a nice feeling.

Bill 54:03

Been up there I went there. As I got to the top, my left leg started to get heavier and heavier and it was a bit harder. So I had to pay attention to where I was putting my foot and make sure that it was above the steps or I would have tripped over. Is that what was happening to you as well?

Paul Fink 54:25

1000 steps is a little bit different I guess walking but steps.

Bill 54:39

Yeah. up. Like you're climbing like steps in a like in a house?

Paul Fink 54:48

Yeah, so versus ramps I guess. But I'm pretty good. a hard pill. But coming down is more challenging because other other muscles not firing yet. Especially with my quads and hammies sorry my quads is firing well sorry, the hammy is not firing at all. Not much. So coming down is more with gravity is more careful to roll down I guess.

Paul Fink 55:38

And coming down the 1000 steps some paths with no railing, basically I sit down on the floor not kneeling, but almost one, step down, down down on my bum.

Bill 56:06

On your behind. Yep. Okay.

Paul Fink 56:08

Yeah. Because it's the only way or other option is sideways. So because I'm, for example, my home has a double storey house. And after discharging the railing is the only one side. But coming down almost three years, maybe two and a half year I use sideways method coming down at home.

Paul Fink 56:54

Yeah. And I was, I guess resisting home modifications.

## Post-stroke deficits



Bill 57:05

We've got an upstairs as well but my bedroom is downstairs. So for the first three or four months after surgery, I didn't go upstairs, I did use the stairs for rehab. So my physio came over and he taught me to step 1 2 3 steps up and then 1 2 3 steps down.

Bill 57:25

That was to give me a little bit of start getting the muscle tone back on the left side. And it was safe because I could hold on. And it was only three steps and I

wasn't going to go to the top. I was doing that as an exercise. But I didn't actually go to the top of the stairs because I was afraid of falling and my knee used to buckle because I'm not sure why the knee used to feel like sometimes it would just give way. It must have been one of the muscles, maybe either the quads or the hammies.

Bill 57:56

I did I never asked for why it was happening. So I stopped. So I stopped going up the stairs. And then I remember coming down the stairs focusing really harder, a lot harder focusing where my foot was landing and being very slow and holding on to the railing in case I lost my balance. But then if the railing was on my left side then it was a problem because my left hand couldn't grip very well.

Bill 58:32

And I was afraid on my left side so I had to try and find stairs where the railings on the right side and always take the right railing. Yeah, that so are better with time. So did you find yourself feeling more and more comfortable coming down the stairs from your house now without your bum?

Paul Fink 58:52

With level ground? Yes, but uneven ground is still a problem. I guess one goal beside running is I like hiking. So 1000 steps is similar to hiking. And so talking with my orthotist special brace with specifically hiking and this brace physically can't roll the ankles. So more safer, I guess. Because at the 1007 I use my soft ankle brace. The ankle brace is pretty good with stability, but not fallproof, so I can roll my ankle.

Bill 1:00:00

That's interesting man as we're coming up to the end of the episode, so what is the future? Looking like for you? What are your next few goals that you want to achieve or get better at?

Paul Fink 1:00:18

Good question. Our hope will be still always motivation to get better. And try to, I guess being a role model with my kids. To work on the future, I started public speaking a little bit. And I'm liking so far, possibly not full-time roll on feature, but I'm definitely continuing public speaking because I guess people like my story. I'm not sure why?

Bill 1:01:35

You're a likable guy man you're alright.

Paul Fink 1:01:44

But other goals I guess improve my running, hiking, improve my mobility I still go with my speech therapy and OT and physio to improve my physical and mental abilities that will be more ready to work.

Bill 1:02:34

That's perfect man, that's perfect for now. You know what will be fun is if you're up for it and we ever get out of this lock-down, maybe one day I'll come up to your place and we can go to a cafe and you can buy me a coffee.

Paul Fink 1:02:52

Yeah, I'll be a coffee you choose.

Bill 1:02:58

Probably a coffee mate.

Paul Fink 1:03:03

Yeah, sounds excellent idea.

Bill 1:03:08

Paul Fink thank you so much for being on the podcast.

Paul Fink 1:03:11

Thank you very much. Bill.

Intro 1:03:13

Discover how to heal your brain after stroke go to [recoveryafterstroke.com](http://recoveryafterstroke.com).

Intro 1:03:23

Importantly, we present many podcasts designed to give you an insight and understanding into the experiences of other individuals. The opinions and treatment protocols discussed during any podcast are the individual's own experience and we do not necessarily share the same opinion nor do we recommend any treatment protocol discussed.

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All content on this website at any linked blog, podcast, or video material

controlled this website or content is created and produced for informational purposes only and is largely based on the personal experience of Bill Gasiamis.

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If you are experiencing a health emergency or things you might be call 000 if in Australia or your local emergency number immediately for emergency assistance or go to the nearest hospital emergency department medical information changes constantly.

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Intro 1:05:00

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