

# 39. Back On Your Feet After Stroke with LE Sling - Amy E. Lee

In 2018, Amy Lee designed and produced the first ever LE Sling device (Lower Extremity Sling, LLC) which uses a simple bungee system to help support the leg after a procedure, reduce painful walking, and assist in the forward propulsion of gait.

The coupon code for a discount is AUS30DU and will expire on March 31st!

Just go to [www.legsling.com](http://www.legsling.com) and enter in the code and it will reduce it by \$30.00!

You can learn more about the LE Sling at [www.legsling.com](http://www.legsling.com) or on Facebook at <https://www.facebook.com/LEGsling/>

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Helps mimic the natural gait pattern, it helps flex your hip, bend your knee, and dorsiflex your what we call, you know, get your toes up off the ground all three of those components kind of at the same time, where not too many other devices have that kind of dynamic capability. Most of them address one, you know, one joint and the lower extremity. The Sling really addresses all three. And, that's kind of what makes it unique.

Intro 0:31

This is recovery after stroke with Bill Gasiamis helping you go from where you are to where you'd rather be.

Bill 0:38

Amy thanks so much for being on the podcast I really appreciate it.

## Common Goal

Amy 0:42

Thanks for having me and congratulations on the success of your podcast. I was very excited to talk to you as well. Because what you're trying to do is, very similar to what I'm trying to do every day as well. First and foremost, I'm a physical therapist, I'm a board certified orthopedic specialist here in the United States and Oklahoma right in the middle.

Amy 1:08

I'm also a, one of the owners of a large practice here in Oklahoma, we've got 44 clinics across the state and we're a part of a of an even bigger entity nationally called confluent health so I'm very proud and enthusiastic PT first and foremost, and the LE Sling, which is actually so the LE stands for lower extremity. And I thought it was kind of fun too because my last name is Lee so it kind of had this double thing for me.

Bill 1:46

I thought it was French.

Amy 1:48

I don't know I kind of liked that. It sounded a little French and I'm from Oklahoma. So this European thing you know, cool thing going but no, it really is because it stands for lower extremity. You know it, came about because I think I'm a PT first.

Amy 2:04

And so many PTs and OTS, I think are really creative and have good ideas of ways to make things simple and functional for their, for their clients. And this thing kind of came out of a personal story that I had with a family member that that had undergone a hip surgery.

Amy 2:28

And, you know, I'm over here thinking, gosh, I wish there was something to make, you know, walking after surgery a little easier, or a little less painful. And I played around in the in the clinic with this thing and had an idea and decided I was going

to make something of it.

Bill 2:48

Yeah. When I first saw the LE Sling images that looked like just a couple of stretchy things that you attached to a thing that was at the top of the hips that you're attached to a thing that was at the bottom of the leg, and I know I've made it sound, you know, very non complicated, but it truly is that way, isn't it? And I call them things, but you'll tell us exactly what it is.

## What is a Leg Sling?



Amy 3:12

Yeah, So yeah, so a family member of mine had a had a hip arthroscopy and came home from the hospital and was was was told to be non weight bearing for for six weeks after that procedure. And for those that have had a procedure like that, or one that's similar on that's a pretty hard task, you know, just had a pretty big thing go on, to hold your leg up for six weeks on crutches is pretty tough.

Amy 3:43

And so I thought, well, I can make that easier. All I need is like a waist belt, and a couple of bungee cord or a strap really at the time I was thinking I'll just use a strap and I'll make I'll make shift a sling for her so that she can have some support while she's standing with crutches.

Amy 4:00

And then I, you know, I started playing around with it in the clinic with some patients that I had at the time and I thought, well, if I use bungee cord, I can get a two for one effects here I can get the support while someone's just standing, you know, I have this foot pad underneath their foot, and the bungee cords that are attached to the waist belt will just, you know, support their legs so that they don't

have to work so hard to hold their leg up.

Amy 4:25

And then I'll have this other effect of as their mobile and and they're walking on crutches with with non weight bearing or even partial weight bearing precautions. They'll get a kind of slimming effect of the bungee cord, and it'll help move their leg forward for them so that they don't have to work so hard.

Amy 4:44

And that's really how the device that that was kind of the idea that came in I literally went home and and drew it on a napkin using vectors, which is what we use in the PC World. I was like, I think I could like make this and I think it could be a helpful thing.

Amy 5:00

And I called a buddy of mine, Scott Goldberg he's a product genius in Kentucky and I said, Hey, Scott, I need help making something because this is a thing that I think could help people. And like you said it's a very non complicated device that in in my PT brain I think, could have a very, you know, broad function.

Bill 5:27

Broad application. When I saw it was that victory image that I saw and it was exactly what I had explained something attached to the, to the hips there was attached to the leg and there was two things that came down from the top in it, but immediately, that was enough to go okay, what is this? How can it help?

Bill 5:46

And I remember coming out of surgery for brain surgery after my third bleed in the brain, and they removed the faulty blood vessel but while they were going in there, they did a little bit of damage. To You know, the stuff around that blood vessel, and I couldn't walk, I couldn't feel my leg on the left side, so I had to go through a month of rehabilitation.

Bill 6:10

And during that month, one of the big issues that I had was that my knee would hyperextend either backwards and really be painful or collapse on me while I was moving forward, and it was really scary because I had a couple of things that I was concerned about once obviously hurting myself if I fall over, but also hurting my head, which was freshly screwed back together and stitched up.

Amy 6:41

Very fragile.

Bill 6:42

The nurses and the PTS that were helping me get on my feet, you know, needed to be one on each side. So any I imagine any tool that they had to help control the movement of the knee would have been really beneficial to them and may So I, I thought, well, what an amazing thing that would have been, it would have been so simple to attach and put on.

Bill 7:07

And I think it would have helped create as well as the physical difference, that psychological difference as well where you feel like hey, well, we've got a tool here, we're slightly supportive now for people that are not watching on YouTube. jump on to the YouTube channel, which I'll have the links to, and also will have the links to your website.

Bill 7:30

And check out what the image looks like. And then also check out what the what the product looks like and how it's attached to the body. Because if you're just hearing this and you haven't seen it yet, you may struggle a little bit to understand what we're talking about, but we'll continue anyhow. So you develop this for a family member. Now, how other than being a sling and sort of fulfilling the first part of your requirement for them How else did it help them later? Like, how did you find that it was more useful?

Amy 8:05

Well, yeah, so what so what's funny is, you know, I built it for this one kind of population of, of people kind of for the post operative world. And then, you know, two years, three years later after, you know, we've, we've built the product, we've packaged it, it's ready to go, you know, we put him in a bunch of our clinics here in Oklahoma and some of those in surrounding states and sold some online and sold some through social media.

Amy 8:32

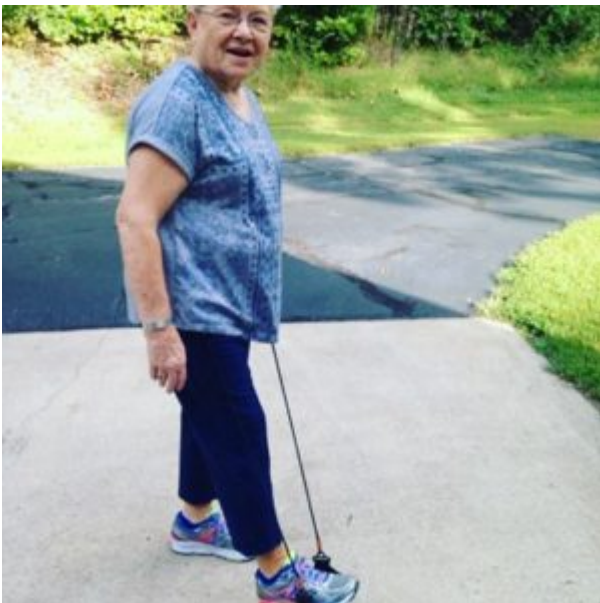
And all the sudden I start getting all these videos and feedback and testimonials of people that are using them first, so many different diagnoses, stroke being one of them. Quite a few neurological conditions, some that that very closely

resembles stroke affects, you know, where you have one side of your body that's very weak and you need help. ambulating So what was such a surprise to me was that I was like, Man I didn't even I'm not so sure that I even knew how broad this thing.

Amy 9:05

Maybe it built to work for people. And every day that I get a testimonial, I'm so pleased to see, you know, how many people are using them, we've got little kids using them from people that have, you know, terrible cases of shingles and, and bad human lesion so forth.

## What makes the LE Sling unique



Amy 9:23

And that they're able to because it's bungee and because it's a waist belt, and it works in a way that that really sets it apart from any other device out there because it helps mimic the natural gait pattern. It helps flex your hip, bend your knee, and dorsiflex for what we call, you know, get your toes up off the ground, all three of those components kind of at the same time.

Amy 9:50

Where not too many other devices have that kind of dynamic capability. Most of them address one, you know one joint and the lower extremity. The sling really addresses all three and and that's kind of what makes it unique so it's been very interesting to see you know people like yourselves that that I think that this will be able to have an impact for.

Bill 10:14

Yeah automatically I thought that could have been useful for me and I know a lot of other stroke people have been through you know, similar thing where they've had to learn how to use one side of the body again or bring it back online etc.

Bill 10:26

So it sounds like it sounds like you're saying that it's, it's adjustable and the pack can be used for any body shape or size. So is it kind of one size fits all was a different sizes. Is that adjustable? How does it work?

Amy 10:43

We do have three waist belt sizes. We've got a pediatric version and then like a small medium that fits up to like a 30 inch waist and then a larger size that sits up to 40 or 40 inch waist But the clips that clip on to the waist belt are completely adjustable so and it's really the same type of instrument that's used in climbing gear so it's very strong, it's very sturdy, it's not going to slip.

Amy 11:16

So those clips can be placed anywhere along the waist. And then the bungee cord that slides through those clips is also completely adjustable based on the user preference so you can have as much pull on that cord as you want. And then you can adjust it down as you see fit. You know through your through your progress.

Bill 11:37

Yeah. And tell me Is it something How is a woman is it one on the clothes is worn under the clothes or how do we pop it on our bodies?

Amy 11:46

Yeah, I think most people at this point have have worn them on on the surface on the outside of clothing. The footpad itself is a is a flexible material that we custom we had custom made for this and it can be put in Inside the shoe or on the outside of the shoe, depending on how much supports needed.

Amy 12:04

For those that have neurological conditions that have some foot drop and those kinds of things, they typically like it inside the shoe. I think they feel it gives them a little more stability. And I would be interested to see, you know, how it would how it would go underneath the clothing? I haven't had too many that have done that thus far, but it doesn't. I don't I don't know, either. Some people might be

doing that, and I wouldn't. But the footpad definitely can go on the inside or outside of the shoe.

Bill 12:30

So one of the concerns I would have with with it, though, because I don't know enough about it yet is that maybe if we were to put something on the shoe underneath the shoe, would it adjust the gait at all? Because now we've increased the, you know, the size of the sole of one shoe but not of the other one. So is there a possibility that it could put people's hips out or anything like that?

Amy 12:54

Oh, no, the thickness of the footpad is very, very thin. So I don't think That, you know, biomechanically, it shouldn't alter anything more than, you know, one shoe being a little worn down more than the other shoe. Should I have to look at the exact thickness of that foot pad, but it's I don't, I wouldn't say that it's quarter inch.

Bill 13:17

Yeah, right. So it sounds like it's very minor, which is great, because then it does exactly that. It's kind of on the foot. It's out of the way and it's not affecting another part of the person's gait, which we often see with calipers in stroke.

Bill 13:33

So people will be given a caliper because they have foot drop or something else, and it's quite a harsh product, the caliper I'm not sure if you've seen it, and what it does is it really forces the foot into a certain position, but then it's so clunky and chunky. and wide, because it's made at a really tough, strong, you know, metal and another materials that sometimes it impacts the way people walk.

Bill 14:00

And my understanding is is and I'm not sure if I'm being 100% accurate here because I didn't experience this. But my understanding is that sometimes, and people in healing in the healing stage and learning to walk again with a caliper, it's very difficult to then remove the caliper because then they have to learn how to walk again without it.

Amy 14:20

Yeah, yeah, and I'm not, I'm not sure exactly what you mean by caliper, it may be the what I'm thinking in my head if you're talking about like an AFO, which is an



ankle foot orthosis is that hold your foot up so that you don't drag your foot when you walk.

Bill 14:37

Yeah, that's probably the proper term.

Amy 14:39

Yeah, yeah. My experience with those and they're still very useful in a lot of cases, especially kind of the severe foot drop in the mild to moderate foot drop. I, you know, I think that the sling has a place for those folks.

Amy 14:56

And because what I have found is is that company clients with the the AFO is not always real high because like what you said they're very uncomfortable to wear. And it actually does kind of cause a reaction at the knee that sometimes people it doesn't feel very good or it makes you feel unstable.

Amy 15:15

So I think that they're very useful in a lot and a lot of cases. But maybe it's because we haven't had another option, you know, before so you know, I'm very excited that the University of Oklahoma Health Science Center has decided to to take the lower extremity sling and and do a study on it this spring.

Amy 15:37

And, and we're going to use the movement lab that that we have access to, and I'm very excited to to join with them in this venture because this is really where the rubber meets the road will be able to analyze people and really show like, mathematically scientifically like does it do what we think it's going to do. So I can't wait to see what's some of those early results come back as.

Bill 16:02

Well. That's why I got really excited to talk to you because there's that only this amazing idea. And then this product that you just, you know, whipped up, so to speak at the beginning. But now there's the scientific evidence, that's what we really want, we really want to have a proper tool that has been tested and actually shown to be beneficial, not just stuff that, you know, Yeah, that'd be great. Or we think it's great.

Bill 16:25

And if we can get, you know, the backing of, you know, people from, you know, that type of environment or background, I mean, that would be amazing. I think that's exactly what we're lacking. we're lacking in that stroke community and I'm sure in the rest of the space where you know, rehabilitation is, is required, we're lacking a lot of those additional tools that are simple, they're easy, and, and compliance.

## **How to put LE Sling on**



Bill 16:52

Which is something I haven't considered for that other, you know, method, what I call calipers and something to make compliance really easy so, can this listening be something that can be installed or worn by the person on their own? Or is it something that you're going to need help with?

Amy 17:15

Oh, I think most people can put it on very easily by themselves. We've got a YouTube video that has the instructions for it. And if you have a PT or OT that you work with that that could help put it on you as well. I think that's an extra benefit.

Amy 17:32

And I would just personally love for for every PT and OT that's out there to see this device because I think that they'll not only find it useful with as it as another tool for their for their patients, but it's something else that they can use in clinic to help people so he either or is the answer there and, you know, just depending on preference, and maybe even severity you know, have a stroke there. So that's

such a broad, you know, post stroke symptoms are so broad in nature. You know, there's no two strokes that are the same really.

Bill 18:13

Okay, great. Well, then that takes me to my next question, which was going to be, who is it for and who is it not for? So is it possible that it's not for everybody? I would imagine.

## **LE Sling compatibility**



Amy 18:24

Yeah. I don't know that it's for everyone. I think what what's been interesting over the past few months is my my patients and and our, you know, our early adopters of this device are helping me right that indications list that indications list started as a fairly small list. And it's and it's broadened quite a bit just in the past year.

Amy 18:47

And, you know, for the for the really severe, you know, neurological conditions for the for the really severe post stroke symptoms. I think it might be an adjunct to some Things You know, some people may still need a walker and they may still need nfo and they, you know, they may not be able to use this independently and that's okay too.

Amy 19:11

And I think that what's nice about it is is that it is adjustable and it it can kind of

go along with someone through their recovery so it can progress with them, which sets it apart from some of the other more static devices is that because it uses a varying level of resisted help, and we can alter how much we affect someone's gait just by pulling the cords tighter through the through the hoops.

Amy 19:42

So I don't know for sure the answer to that question yet. I'm, I'm I'm learning every day, you know, who does and does not benefit from from it. So Time will tell and the users will tell me and I think it's just studies that we participate in will tell me.

Bill 20:02

Yeah, great. Tell me I think from what we said earlier was that you've been at this now for about three years with this particular product. Is that right? How many iterations Have there been and how has it changed?

Amy 20:16

Yeah took us about

Amy 20:19

two years from probably the pencil sketch to getting it packaged and getting it ready for market. So I think we really took it to the market about this time last year, I think is about right. So it's been about a three year project.

Amy 20:36

And you know, like I said, it's, it's, it was started out as kind of my and it still is, it's my my side thing that I do. But it's it's been an interesting and interesting venture so far and I'm lucky to have a good support system and a good business partner and, and great pts that I, you know, get to work with

Amy 20:57

here in Oklahoma.

Bill 20:58

Yeah. So if I came across this product online and I wanted to buy it, do you recommend that I buy that on my own and install it on my own? Or do you recommend that it's something that I integrate with my occupational therapy or get my PT involved? You know, what's the best way to utilize it to bring it into my daily need of rehab or occupational therapy?

Amy 21:31

Oh, that's, I'm such a such a biased, I have such a biased answer to that. Because I think everyone on the planet needs a good PT or ot to work with, you know, just on and off throughout our lives. I think that we're kind of the mechanics of the human body.

Amy 21:49

And so we should always, you know, be an option for whenever you have any type of musculoskeletal or neurological condition. So I think anytime you can bring ptn as part of your recovery, you should, PT or ot. So I would probably, you know, that would be my that's my PT hat. Thank you, you can definitely buy it online, we ship them right to people and some people just zip it right on and they and they've got it. But probably my, my professional preferences is that you always call your PT whenever you need help.

Bill 22:26

Yeah. But that's fair enough. I had the next 50 to say no, don't don't worry about the details. And, of course, I get it. I understand that it's something you know that the Pintos want to know about it. So I think they should know better, not only because they will help me, you know, in my recovery, for example, if I was using one and I'm three, nearly, you know, I mean, my, where am I, I'm in my, I'm in my third year of, you know, recovery after PT and occupational therapy.

Bill 22:54

So I'm not at that space. I'm not a user of your product. So to speak, but It would have been great if I had it to go back to my PT. Because they're in such a they're in such a need for additional tools and, you know, and ways to support that. I could say, hey, look what I found online.

Bill 23:13

I wonder if you guys think that I could use this and maybe I could go through a process with them where we both learn how to install it and how we use it and get them to give me their feedback on what it what it is that I purchased online and because we can buy so much junk online, and I think, I think the logical thing would be to get those people involved so that we can create a conversation.

Bill 23:37

And hopefully, they can then contact people like yourself from, you know,

listening, direct and go, okay, you know, what are we looking at here? Is there science backing this up and then you can take them through the process of showing them that there is a lot of work being done to prove that this product is a legitimate tool and a legitimate aid for people. But up learning how to walk.

## A personal ambition



Amy 24:03

Yeah, you know, I always said that I if I wanted to finish this product project, it was a personal, you know, ambition of mine that I was just not going to be a person that had an idea and didn't do anything with it. So I really wanted to see it start to finish that was Goal number one.

Amy 24:20

And I always said, If I made this thing, and it only helped one person, then I could stop it would be fine. Because I would, you know, I would have kind of that, you know, thing knowing that I that I was able to help just one person when I've kind of adjusted that.

Amy 24:38

So now I said Well, now I really I really want the research that that's my next like that's, that's a big deal. I really want to know that. It does what I think it can do, you know, scientifically and you know what happens after that? Who knows?

Bill 24:55

Yeah, that'd be lovely. So was it easy to get the university involved and for them to offer, you know, the facilities to test this was it? Is it to make that happen or not?

Amy 25:06

You know, it really was because I am an alum of the University of Oklahoma. So I called one of my former professors and said, Hey, I made this thing. Do you want

to see it? And she was like, Yeah, I want to see it, bring it up here. And she's brought in another professor that that works in the engineering biomechanical engineering world. And he says, Hey, I I agree, I think there is something here let's, you know, let's get started. And I thought, Okay, so here we go. So I'm in a whole new world now of academia.

Bill 25:40

Yeah, that is an interesting world. I love the way they go about stuff. Do you? Are you in the recruiting drive Has that happened yet? Like how early on in that process are you?

Amy 25:49

We are in the phase right now. We are looking for candidates to help provide us some some information on how it's helping them. So this this interview couldn't have been In better times, I actually sent a couple of messages today to to sling users that I that I know are doing well with it and said, Hey, do you want to, you know, come be a part of this study? And let us let us see, you know, what's really happening here. So perfect, perfect timing. Yeah, beautiful.

Bill 26:19

So I really look forward to hearing the results of those tests or those studies. How long do you think it'll take to get to the end of that project?

Amy 26:31

Yeah, so we're applying for this first one, I think this coming spring, and that's about a six or eight month ordeal. And then I believe the two professors are looking at a long longer term study that could take a couple of years. So, you know, we're going to do some short term stuff and then and then hopefully, you know, that will yield some long term work. So you know how that is researches is not an overnight thing. You are better or worse?

Bill 27:03

Yeah, I think it's great. I mean, three years is not that long. I mean, it could be a long time, when you're in the thick of the recovery and trying to get back on your feet, I get that. But in the meantime, there's nothing to suggest that people can try listening themselves by, you know, getting one and then just giving you feedback based on what they've experienced. So that perhaps the study could be richer and full of you know, more experiences and more data. So what would you

say to people that already have the listening that or just buying them because of this interview, for example?

Amy 27:40

Oh, I am and if you have any interest in and being a part of our our study to message me directly, and I think you'll provide probably my contact information at the end of the interview we would, the more the merrier. We'd love to have some some qualified candidates and anybody that kind of gets into that stuff and be happy to will it will even send you one for free if you'll if you'll come be a part of our study.

Bill 28:07

Oh, there you go. That's lovely. I was gonna ask also, how sturdy are they? That was something I needed to ask a bit earlier? How sturdy are they? How long can we expect somebody to get? You know, use out of one of those.

Amy 28:21

Yeah, in fact, I just submitted a report over to the university to highlight some of the attributes of the individual parts of the of this line. And I think what I'll do is I'm going to play that on on the section of our website to really highlight, you know, each individual part what it's made out of, its durability, how much tension comes through those bungee cords because after I kind of put it all together, I was so in my business partner, Scott, that was really his part.

Amy 28:55

You know, one of his parts of this project was to make this thing long lasting and durable. Bull so that it wouldn't break so that it wouldn't slip. We wanted it to be safe, we wanted it to be versatile, you know, and functional through a lot of different body types and shapes and those, you know, over different terrains and those kinds of things.

Amy 29:12

So he, you know, after I put all that information together, which I'm happy to, I think I'll just make another link on the website and I was more and more impressed with, with the parts that he chose and the, you know, all the little nuances that I probably at the time, didn't know didn't know much about, but he did, he did a good job and I think built us a quality product and we're very happy that you know, our parts actually all are made here in the United States.



Bill 29:41

Fantastic. So if I buy one and something goes wrong with it, what how do we interact with your organization or with LE Sling to get that sorted? What do we have to do?

Amy 29:53

Just messaged us directly. You can do it through the website or through, you can always send me an email directly [amy@legsling.com](mailto:amy@legsling.com). And you can ping us through Facebook or Instagram. We check them all religiously. Any of the any of those. Any of those portals are just fine.

Bill 30:14

Yeah. Awesome. And now one other thing. And the last thing with regards to the product is what does it cost for somebody to buy?

Amy 30:22

Retail right now is online as 120 US dollars.

Bill 30:27

So that's extremely affordable, very reasonable. I didn't know what it was worth. And I specifically didn't ask because I wanted to get the response from the price after I had that discussion with you, and I think it's very reasonable considering how expensive rehabilitation products and services can be. 120 US dollars. Not that much is it?

Amy 30:52

Yeah, now we did it. We did a cost analysis and market analysis of other devices on the market. We didn't we can't there's really nothing out there. Like this one, but there are some others that you know, are used for different types of ambulation either postoperatively or like the AFL, like you mentioned. And, and we feel like that ours is, is, is March very competitively.

Bill 31:15

Excellent. So you're not looking for thousands and thousands of people, obviously to get in touch with you for this study, because I imagine if you got thousands of thousands were responding to be swamped, and you probably wouldn't be able to handle it. So at some point, I imagine that recruiting is going to be stopped or switched off or something like that lock, it'll be you get to a point where you've reached the amount of people that you require. Is that right?

Amy 31:42

Yeah, I mean, really, for this first, for this first study, we need somewhere probably five to 10 people that can give us some some quality information and some, some data. So we don't need thousands, but I would love for thousands of people to be using this device.

Bill 31:58

Yeah. Okay. So for those People since we're not going to get beyond the first five or 10 coming on board, how can we what is it an offer that we can make that we can have listeners of this podcast? sort of go ahead and and take advantage of?

Amy 32:18

Yeah, absolutely. is. Did you want the

Bill 32:21

Yeah. Could you read it out? What the is there? Is there a discount code or something? Could you let the people listening know what that is and then they can go along and follow the links from the YouTube channel or from the podcast to you know, find the page.

Amy 32:37

Yeah, absolutely. So if you go to our website, which is www dot leg slang, l eg slang.com and enter in the coupon code, a U, S, three, zero D you will give you a \$30 off credit. And take the price of the unit from 120. down to 90. That that expires, I believe at the end of that coupon code will expire at the end of March.

Bill 33:10

Well, that's excellent. Excellent. Well, thank you. I mean, it's my intention to try and help out and so people some bucks if I can, so I'm glad that you did that. Just so that everyone who's listening knows, we, you and I have, we haven't got a deal. I'm not getting a cut of that. So I'm just grateful that you would do that for me and make it possible for people to check this out and take a bit of a leap of faith but also, you know, get a benefit for doing that.

Amy 33:40

Well, absolutely. And I'd like to help you, you know, share your page I you know, as like I said as a PT I really appreciate what you're trying to do. I think that, you know, number one, you know, congratulations on your own personal recovery, but people to share information with people share good and you know, good quality.

Amy 34:00

information with people is really really important. There's a lot of, you know, fishy stuff floating around the internet and and people that have gone through some of those stuff don't always get really good quality information. So I really appreciate you doing your homework and, and reaching out and and the things that you're trying to do to help others that are in similar situations is yours, you know is commendable.

Bill 34:24

No, thank you, I struggled a little bit with the whole sharing of information. And it was because of that reason, and it's taken a while for me to overcome the fear of putting out information that was, well, you know, not the best perhaps, but it's not my intention to do that. It's my intent is to put out good stuff.

Bill 34:41

That's why I try and align myself with people who are doing research, we're doing studies who know this stuff, who have been, you know, in their industries for a long time and and are trying to help, it makes me feel like less likely to share information that's not so good and give it more More thought, so that I don't put people like yourself off and the doctor macrumors and x of the world off.

Bill 35:07

You know, I don't want to, I don't want to be seen to be sharing information that's taking advantage of people, I want to make sure that we're giving good advice. And I'm not skilled at those things. I'm only skilled that talking to other people perhaps, and maybe not the best at that yet. But, but I truly do need other people to come on board and do that.

Bill 35:30

And that's what what we're lucky about. I think we're living in one of the best times on the planet as far as sharing information is concerned. So I wanted to take advantage of the technology that other people have made available to me for free, you know, Skype, the iPads and iTunes and all those kinds of things. So it's just brilliant that now you know, I can bring somebody like you in you could help fulfill part of my goal.

Bill 35:54

So, Amy, I love how your journey into you know, legs link started. I love how you

you're a problem solver like me, and you thought, well, I'll just whip this up and I'll help, you know my family member out, and we'll get him back on board and working. And, you know, that's the spirit that kind of got me really keen to talk to you about it.

Bill 36:18

And then I love how it's evolved naturally into these other spaces that you had no idea about. And then I also love how you've gone You know what, now that I'm getting the feedback and other people are benefiting from this. Let's see if it really does work really does help them whether we're doing something that is actually going to make a difference. And I feel like instinctively I feel like you are but obviously in my head would love to see the result of that study. So I'm glad that you're doing that. So well done.

Amy 36:50

Well, thank you. Thanks for the interview. I I've enjoyed it.

Bill 36:54

So by talking to you, we'll post the interview directly to YouTube a little while later. It'll go available to iTunes. So if you're listening to this on iTunes, it's already on YouTube, go ahead and check out the video. In the video, I'll have some of the snippets from the images that we spoke about, and from the website.

Bill 37:12

And hopefully, that'll make people understand better what it is that we're talking about. And then also, by all means, whoever's listening, get in touch with Amy and get in touch via the website or the socials. And we'll have all of those links as well. Thanks for listening, and thanks for being on the program. I really appreciate it.

Intro 37:29

Discover how to support your recovery after stroke. Go to [recoveryafterstroke.com](http://recoveryafterstroke.com)