

Cerebellar Stroke Recovery | Elizabeth Cottone

Understanding Cerebellar Stroke: A Comprehensive Guide

Cerebellar stroke, a subtype of stroke affecting the cerebellum - the part of the brain responsible for coordination and balance, requires comprehensive understanding for proper recognition and management. In this detailed guide, we delve into the intricacies of cerebellar strokes, exploring their causes, symptoms, diagnosis, treatment, and recovery.

What is a Cerebellar Stroke?

A cerebellar stroke occurs when there is a disruption in blood supply to the cerebellum, leading to cell damage due to oxygen deprivation. Ischemic strokes, caused by blood clots obstructing blood flow, or hemorrhagic strokes, stemming from blood vessel ruptures, can both affect the cerebellum.

Recognizing Cerebellar Stroke Symptoms

Symptoms of a cerebellar stroke may vary but commonly include sudden onset dizziness, severe headache, loss of coordination, difficulty walking, slurred speech, and nausea. Prompt recognition of these symptoms is crucial for immediate medical intervention.

Diagnosis of Cerebellar Strokes

To accurately diagnose a cerebellar stroke, medical professionals employ various tests such as MRI scans, CT scans, and angiography. These diagnostic tools aid in identifying the type, location, and severity of the stroke.

Treatment Options for Cerebellar Stroke

The treatment approach for cerebellar stroke depends on its type and severity. Ischemic strokes may be managed with clot-busting medications like tissue plasminogen activator (tPA) or through mechanical thrombectomy. Hemorrhagic strokes might require surgical intervention to repair the ruptured blood vessel or alleviate pressure on the brain caused by bleeding.

Rehabilitation and Recovery

Recovery from a cerebellar stroke often involves extensive rehabilitation. Physical therapy, occupational therapy, and speech therapy may be integral components of the recovery process. The extent of recovery varies among individuals and may take weeks to months.

Preventive Measures and Lifestyle Changes

Reducing the risk of cerebellar stroke involves adopting a healthy lifestyle. Managing blood pressure, controlling cholesterol levels, maintaining a balanced diet, exercising regularly, and avoiding smoking or excessive alcohol intake are crucial preventive measures.

Conclusion

Cerebellar strokes are serious medical conditions requiring immediate attention. Understanding the symptoms, seeking prompt medical care, and following a comprehensive treatment plan are paramount. While each case is unique, awareness, early intervention, and proactive lifestyle changes can significantly impact recovery and reduce the risk of recurrence.

The Interview

Elizabeth Cottone underwent a profound experience of a cerebellar hemorrhagic stroke at the age of 50. Her book, "Reinvention: Life After Traumatic Change," is now available, offering remarkable insights and inspiration.

Elizabeth's Website

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Transcript:

Bill 0:00

Hello everyone, my book *The Unexpected Way That A Stroke Became The Best Thing That Happened* is now available for purchase on Amazon.

Bill 0:09

In the book, you will find chapters on mindset, the brain that resides in your heart, as well as the brain that resides in your gut, you will learn about the benefits and downsides of Neuroplasticity, you will learn the benefits of getting better sleep, you will find out about the food you should avoid after stroke.

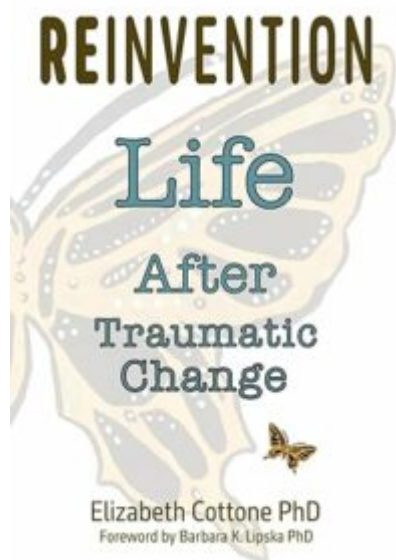
Bill 0:31

The amazing benefits you get from the smallest amount of exercise. And you will learn about how following your heart's desires can transform your recovery. And you will learn about the amazing positive benefits you get from surrounding yourself with the right people.

Bill 0:51

And also, you might even stumble on your life's purpose. If you go to recoveryafterstroke.com/book, you will be able to learn more. And you'll be able to find the links to get your copy from your local Amazon store.

Introduction



Bill 1:11

This is episode 284. And my guest today is Elizabeth Cottone, who experienced a cerebellar hemorrhagic stroke when she was aged 50. Elizabeth Cottone. Welcome to the podcast.

Elizabeth Cottone 1:24

Thank you very much. So happy to be here.

Bill 1:27

Happy to have you here. One of the challenges that I face is that I'm happy to have people on my podcast. But the issue with that is that they've had a stroke. And I'm not happy that people have had a stroke.

Elizabeth Cottone 1:46

Right? I know. It's a pretty horrible thing.

Bill 1:50

It's not good, right?

Elizabeth Cottone 1:53

I mean, right away. It's horrible. But, it changes.

Bill 1:59

It can change correctly. I agree with that. And that's what the podcast is about. We want to demonstrate the cycle. And that there is change and things can

improve. Because not only are you a stroke survivor, which we'll talk about in a minute, but you're also somebody who spent a lot of their time researching the brain and neurological conditions.

Elizabeth Cottone 2:28

I have. It doesn't feel like work though, I'm like a sponge. It happened to me so, I'm, you know, I'm naturally very interested in the brain. And all the different parts of the brain. And I think we well everywhere are good at knowing the anatomy of the brain, but less good at knowing what to do when something goes wrong with the brain.

Bill 3:06

That is such a profound statement.

Elizabeth Cottone 3:10

Oh, right. Well, I mean, and that, oh, my strength going all over the country. And just to try to get to the bottom of my stroke. Yeah, so I mean, I hate to say it, but people just don't know. I mean, really? They don't.

Bill 3:37

Tell me a little bit about your work history. Elizabeth.

Elizabeth Cottone 3:43

Where do I start? My work has always been really important to me. I have three children, and I've never not worked part-time, well, maybe not full-time. Maybe I did work part-time a bit. But mostly it was full-time work.

Elizabeth Cottone 4:09

Most recently before my stroke, I was a researcher at UVA with the University of Virginia. And right before I had my stroke, I switched over to become the executive director of a nonprofit here in town. So I was in that job so thrilled by that.

Elizabeth Cottone 4:36

But a week in I had my stroke and so when I had my stroke, I did not only go into a coma, but it took me about two months before I came out of the coma. And then I had to be shipped eight hours away from my inpatient rehab. And it was there for four months away from my children, and just barely I think there they were just really trying to eat me alive.

Bill 5:21

Away from your children. So how many children do you have?

Elizabeth Cottone 5:24

Three.

Bill 5:25

And what are their ages when you had the stroke?

Elizabeth Cottone 5:28

Oh, my gosh, my youngest was eight, my middle girl was 14, and my oldest was 17.

Bill 5:41

Okay, so it's a really busy time in your life.

Elizabeth Cottone 5:46

So but they were just so close like velcro to me. So when I had to leave it was, I mean we were all traumatized.

Bill 5:59

Yeah, and your work? What kind of work were you doing? So what was the most significant one of the projects that you were on, for example?

Research and writing a book about dyslexia

Elizabeth Cottone 6:13

Now I love all of my work. And one piece blossomed into my first book about dyslexia. So my professional hat is one about that, you know, I was a teacher of special ed for a while, and then a researcher of, you know, lots of different but mostly impoverished families. And sort of understanding how, like, the malnourished environment can be similar to like the struggles of a child with dyslexia. It's a very different reason, but they both come into school, unable to meet expectations.

Bill 7:13

Okay. And with that knowledge with that understanding, what were you hoping to

achieve with the work that you're doing?

Elizabeth Cottone 7:24

Well, I developed a curriculum, but it was really for the after-school program. And what I saw, I saw everywhere I was in schools, but even more when we did the research. For after school, I saw that kids hated school, kids hated books, kids, just, you know, hated people, and they hated their teacher.

Elizabeth Cottone 7:58

They were just very negative. So I thought, wow, that's not a good background for learning. So the first step, besides you know, of course, meeting basic needs, is to try and change their attitude, about school was a big ask, and you know.

Bill 8:27

Trying to change their attitude about school, but that's their attitude because dyslexia around the school is formed as a result of people negatively interacting with them.

Elizabeth Cottone 8:42

Yes, big-time self-esteem issues.

Bill 8:46

Yeah. So I can't read, then they're going to judge me or they're going to tease me.

Elizabeth Cottone 8:51

Oh my gosh, mean, more than once I saw brilliant students who couldn't read. And because of that, they were, you know, judged, made fun of, and told they were stupid when they were brilliant. And wow, I mean, it was eye-opening. Then I had my stroke.

Bill 9:22

Yeah. Now that you've had a recovery, have you been in stroke recovery since 2017? Do you have a better understanding of what perhaps some of those children and the people that you researched would have gone through about the way that community dealt with them?

Elizabeth Cottone 9:47

Oh, my gosh, yes. I had a big aha moment about how similar some of the circles of dyslexia and stroke are, so Senpai I was like, wow, I never knew. So, you know,

I'm still quite passionate about my research and my students, but more passionate now about stroke.

Bill 10:19

Yeah, of course.

Elizabeth Cottone 10:21

And I keep meeting amazing people who go through it like, for me, the first year and a half I guess what was the hardest, because I couldn't walk I still can't. But I struggled to talk, I struggled to eat. Well, at that point I had a trach and a feeding tube.

Elizabeth Cottone 10:49

But the first year, it was just horrible, all I did was cry. And then it turned around I don't know why. But my message is to get out to everyone. Well, I wrote my book about dyslexia then I wrote another book. And I needed to know I could be in the world in a different way.

Bill 11:21

Okay, let's unpack that a little bit. So difficult. The first 12 months were difficult, there were a lot of challenges you had to overcome. The challenges didn't go away at the 12-month mark. But you said you had a turnaround. So what was the turnaround? You might not be able to say it was this moment. But something did change. That made you feel different about your deficits and your challenges. What do you think changed?

The Four Ps - Elizabeth Cottone

Elizabeth Cottone 11:54

I'm pretty sure it was my mindset is why I always use the analogy of shining my flashlight. And building me, I made so many mistakes where I was shining my flashlight the wrong way. And then it was like, Aha, this is the right way. And once I did that now I have my four Ps which became my publishing company, and the four Ps stand for patient positivity, persistence, and perspective.

Elizabeth Cottone 12:36

And, wow, I mean, that alone with learning how not to beat myself up. And knowing that, you know, I know that research goes slowly. But we have to trust

the way we fail. Like, our essence, really teaches us so much. And the research is slow to follow.

Bill 13:10

Yes. Research is slow to follow. So what you had is you had a mindset shift. Now, you're shining your torch, on the negative parts of the stroke, the parts of your stroke, that were difficult, that were tough, that were challenging, that were emotionally difficult. And then you shine it on to just shine your torch on, say, the winds you're having Did you shine it on the things that you're grateful for? What we're shining your torch on?

Elizabeth Cottone 13:43

I mean, the shift words more like, I felt like somehow after my stroke, I just go back like I was my whole life a big athlete. So I thought I'd just be able to run the six-minute mile again. And so trying to do that was wrong. It didn't help me. So I had to break everything but walking. I do break it down, go slowly relearn everything about it.

Elizabeth Cottone 14:18

And relearned like how to eat, how to swallow how to type. How you know everything. How should talk? Yeah, it's like, so if I could quote, I love Peter Levine was a wonderful man who worked in stroke, not a doctor. But I love what he said. He says stroke recovery is not for wimps. I love that because it's like yeah, you have to work hard all the time.

Elizabeth Cottone 14:22

Is that what he said?

Elizabeth Cottone 14:31

He was so cool. So he had a podcast he died, and oh my god, what a loss. But well he had ALS and died I didn't even know.

Bill 15:20

Yeah. Peter, I interviewed Peter.

Elizabeth Cottone 15:23

Oh, you did?

Bill 15:24

Yes. For episode 135. His book was called Stronger After Stroke.

Elizabeth Cottone 15:34

Wonderful. It's wonderful.

Bill 15:36

Yeah. He's a great guy, and he's right that stroke recovery is not for wimps. So if you're a bit wimpy, you have to step up and become a little bit tougher.

Elizabeth Cottone 15:50

You do, Oh, my God. And it's certainly not easy.

Bill 15:57

You used to run? Did you run a six-minute mile?

Elizabeth Cottone 16:03

I did, like over 40 marathons, I do everything. And I was also a very competitive tennis player. And, you know, I play college tennis, taught tennis. And so now I'm still after my stroke, almost seven years unable to walk. And, you know, but I'm making, you know, lemonade out of those lemons. You know, it's not all about that.

Bill 16:44

It's not all about running a six-minute mile again. And then if you judge a fish by its ability to climb a wall, you're always going to be disappointed in that fish, right? Because there's no point judging yourself, from your ability to be able to run the six-minute mile again, because it's not going to happen, you might find a different way to do your six-minute mile, but it won't be running.

Elizabeth Cottone 17:13

Exactly, like, I recently picked up horseback riding. Never before have I gone on that. And I love it. So I'm like, maybe the horse would do the six miles.

Intro 17:32

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. How long will it take to recover? Will I recover? What things should I avoid? In case I make matters worse, doctors will explain things. But, if you've never had a stroke before, you probably don't know what questions to ask.

Intro 17:57

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 where you can download a guide that will help you it's called Seven Questions to Ask Your Doctor about your Stroke.

Intro 18:16

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, but they'll also help you take a more active role in your recovery. Head to the website now, recoveryafterstroke.com, and download the guide. It's free.

Singing after having a cerebellar stroke

Elizabeth Cottone 18:36

And I'm singing now, which I'm bad at, but I'm learning how to be bad at things. And two of my daughters have amazing voices. So I never want to compare myself to them.

Bill 18:55

So you took up singing for what purpose?

Elizabeth Cottone 18:58

Well, for you know my diction. But like riding, I fell in love with it just for singing. I mean, it's like this idea, you can do something just because you love it. And even if you're bad at it, it's like a very new concept for me.

Bill 19:24

So you might not be bad at it. But it might sound unlike a normal while we consider a good singing voice. But you might be good at being able to follow the steps that are required to create a singing voice. But it's just because of the stroke and the way that it's impacted your vocal cords. You're just not making the noises that you need to make to be "good".

Elizabeth Cottone 19:54

Yeah, no, I know. But I'm doing it in a new way.

Bill 19:59

Yeah. Correct. I'm doing it anyway, I love that. And it's helping you with breathing. It's helping you about the way that you train your vocal cords, you warm them up I imagine, there's a whole bunch of things.

Elizabeth Cottone 20:13

Even my facial muscles are a big part of my issue and a big part of singing. Okay, so all my muscles, before my stroke, you may have heard this. But, you know, we are all human beings, but we've become human beings. I was such a human before my stroke. I mean, and it's kind of hard in the world we live in because you get so much reinforcement for doing things.

Elizabeth Cottone 20:56

You know, I got my Ph.D., I wrote a book, but well, I did my books after my stroke, you know, I ran marathons, I had babies, I had many animals. I do love my animals. But, you know, it's so much about doing, whereas needs to be more about just being I think.

Bill 21:28

And so I heard another thing that we can add there. We can also now be human becoming. So we're recovering, we've got to become something else. We got to transform from what we were, we got to take this new identity with us, this new body, this new brain, whatever it is, we got to take it with us and we got to become something different. Something new, we're going to transform.

Elizabeth Cottone 21:59

Yes. I support that. I mean, I'm living it. And my second book called Reinvention is really about that.

The initial cerebellar stroke symptoms

Bill 22:16

Before we talk about your books, let's talk about your stroke. So on the day of the stroke, did you notice something was wrong? How did you go about that?

Elizabeth Cottone 22:28

Interestingly, yeah, my first symptom, which was painful, was double vision. I'm seeing double. And then I tried to take a shower, and I got dizzy. And then I said, call the EMT to my husband. And they came and they said, Oh, you're probably

having a migraine. So they left but they put me in my husband's car in the passenger seat. Because then immediately I passed out. And then later that morning, I had brain surgery. And after that went into a coma.

Bill 23:21

Okay, so the only symptom was a double vision, and then you passed out, and then you ended up in surgery.

Elizabeth Cottone 23:28

Right. You know, and in my head at that time, I was, I don't think I'm having my grant, and I think, it's something else. But, you know, when the EMT says something, you have no idea what's going on. You believe them. I'm sad I did.

Bill 23:51

Well, they're the experts, or they're meant to be the experts. We trust people in a situation where they do this every day. We don't do this every day. But your gut was your gut telling you something different you feel?

Elizabeth Cottone 24:11

Yes I was, I was just ignoring it. Yeah, I have no idea. Something is up, though. I feel it.

Bill 24:22

At age 50. You had a cerebellar hemorrhagic stroke. What was the underlying cause of the hemorrhage? Do they know why blood vessels burst?

Elizabeth Cottone 24:30

To this day? They don't know. I had no risk factors for stroke, very low blood pressure, no diabetes, nothing. I was a vegetarian, and still am. I was a skinny runner, I was outside a lot with the animals. And so I was sort of the last person you think that would have a stroke. And so yeah, I think I don't know, really I can only assume certain things. But yeah, they don't know either. I think it's called cryptogenic.

Bill 25:14

Yeah. Potentially yeah. cryptogenic stroke, but usually a cryptogenic stroke is associated with an ischemic stroke where there's no known cause. Whereas Oh, perhaps with your stroke, because there was a brain hemorrhage, there was an actual blood vessel that burst. That tends to be the cause. But sometimes like me,

my brain hemorrhages were related to a faulty blood vessel called an arteriovenous malformation.

Bill 25:43

And, sometimes, there's a cavernous angioma, which is also a blood vessel that is not formed correctly and then it bursts. It's kind of like a lesion on the blood vessel. Sometimes there are aneurysms on the blood vessels. So there are a ton of reasons why a blood vessel might burst.

Elizabeth Cottone 26:05

Wow. Yeah, I mean, I did know when my three daughters gained consciousness. The first thing I thought are they at risk? And they said, nope. Numerous times, we still don't worry about the girls.

Bill 26:26

Yeah, yeah. So what was the brain surgery meant to do? Was it meant to clip that blood vessel?

Elizabeth Cottone 26:39

I you know, I was unconscious. When the surgeon opened up my skull saw all this blood below in the cerebellum. So he cleaned it out. And just I guess, crossed his fingers, most people die. He told me and, you know, watched me for a while. And then in the related inpatient part of the hospital, they watched my brain for swelling. And apparently, everything went okay. Here I am.

Bill 27:32

They drain the blood to release the pressure.

Elizabeth Cottone 27:37

Right, right. Yeah, that is all I know.

Bill 27:43

Yeah. Okay. So you went back home? How long did it take to get back home? Because you.

Elizabeth Cottone 27:53

So I hadn't Michoacan wondering you? None. And I got home in mid-June. July, just in time to see my oldest daughter graduate from high school.

Bill 28:07

Six months. Mm hmm. And you is that because you went from hospital to rehabilitation?

Elizabeth Cottone 28:16

Yeah, I did. I went to my protocol to two inpatient rehabs.

Bill 28:26

I was gonna say, what were you able to do when you came out of the hospital and got back home weren't able to do at the beginning?

Elizabeth Cottone 28:35

Very less. I mean, when I first woke, I was using a letter boy because it couldn't talk. couldn't swallow. So I had to relearn how to sew on. I couldn't walk. I still can't. I couldn't talk. I couldn't breathe without coughing. Even with that tray again. Yeah, so I just sort of lay there.

Elizabeth Cottone 29:07

I mean, eventually, I got to my wheelchair. But I remember it was so hard just going from the bed to the wheelchair. Now, I set up my wheelchair and I use it only sometimes. Mostly I've drawn using my walker, and I'm still, you know, persisting with learning how to ReWalk or relearning how to walk.

Bill 29:38

What are the challenges with your walking, what's stopping you from walking balance?

Elizabeth Cottone 29:43

Is my backward it's certainly not my motto. It's just, you know, I'm really strong and balanced. And I also have a taxi on my left side.

Bill 29:56

What's a taxi? Tell me what that is.

Elizabeth Cottone 29:59

Oh attacks, it's like you have no control of your muscles. And it splits perfectly down the stick the whole left side of my body. So, I mean, most people don't I don't know if you know this but if you have a stroke and your share Belem is slow enough doesn't cross, it goes to the same side. So, like, I had the left cerebellar hemorrhage and went to my left side. So, uh, Southsea means, you know, I've

been working hard, cuz I don't have a good side.

Elizabeth Cottone 30:48

But my left with the word, it's getting better. But yeah, it's pretty cool. I used to all my crazy side. But now it's just not so crazy anymore. It's amazing. I mean, it's a really tasty meal. And that is what I've learned from my own experience and from other people. It can just go so slowly, but it's happening as the brain changes very slowly. And progress can be so slow, but don't give up.

Bill 31:31

Yeah, I agree. So, your crazy side is no longer as crazy as it was.

Elizabeth Cottone 31:39

Right?

Bill 31:41

Does your site have a personality a different personality?

Elizabeth Cottone 31:47

My left side is so different than my right. So, um, yeah, yes. My left has more flexibility and is a better learner. And whereas my right is not, it's also a very disable of our variety of reasons, but it's stronger is more controlled. It's numb. And there's a story behind that. So yeah, I don't have a good son. So for a while, I thought my brush side was better than my left. But now I think my left might be better than my face.

Bill 32:45

That's good. What type of movement do you have in your hands? How well do they work?

Elizabeth Cottone 32:51

Oh, well, you can't release it. They're pretty bad. But I can hide it, which I do in public by using the cross of my hands and putting them down below my legs. But yeah, I am my left hand. I have real motor issues on both sides. So yeah, this head. That's why I had to relearn how to tap on my laptop. This hand is a tactic. I'm getting better. And this hand is my bed nurse. I think it's a combination of my eyes. My coordination at The Merv is better and picking the lab and Mela. But my loop is getting there.

Disability, anger, and support

Bill 33:48

Yeah. You said that you hid it. In public? What do you find? Specifically? What do you hope that people don't see?

Elizabeth Cottone 33:58

Well, I hide well, like when they go out to a cafe to get coffee. I'll sit and look normal. And so if I like to hold my hands, they tend to tremor. And so if I hold them still, I can sort of look normal, whatever that means. But certainly, I'm not.

Bill 34:30

Okay. And is it to make you feel comfortable? Or is it to make people around you feel comfortable?

Elizabeth Cottone 34:36

I think it's actually to make the other people around me comfortable.

Bill 34:40

Well, stuff them. Why do they need to be comfortable? You're the one who needs to be comfortable.

Elizabeth Cottone 34:45

I know right? I know it's true. I know. I think well, it's hard. It's I struggle with the world. It moves so fast and knows nothing about a stroke. And you know, here in Virginia, people are nice, but underneath it, they don't want anything to do with you.

Bill 35:15

Yeah. So I had a struggle with this a little bit when I was first out of hospital and I couldn't do things like I used to. People would ask me, how are you what's happening? And my struggle was always do I tell the truth? Or do I just tell a white lie? And I often told the truth. But what that leads to is it leads to a book called How to lose friends and never talk to anybody again, because.

Elizabeth Cottone 35:45

I'm right with you.

Bill 35:47

That's exactly what happens.

Elizabeth Cottone 35:48

not proper.

Bill 35:51

People go, Oh, thanks for that. And then they turn around and they get the heck out of there.

Elizabeth Cottone 35:57

Exactly.

Bill 35:59

Whereas I think that's true. I think there's a little bit of tongue in cheek-there. But the reality is, is that most people get confronted, they don't know what to say. They don't know how to respond. They don't know how to act. And it's not their fault. But it is a challenge for the stroke survivor. It's a challenge for the person with a disability, whether it's intellectual or physical, or whatever the disability is vision.

Elizabeth Cottone 36:28

Yes, I agree. I think people with negative emotions are hard to deal with.

Bill 36:38

Yeah. Like they've never had one before. Yeah.

Elizabeth Cottone 36:45

I mean, wow. So it gets to the idea that, who you surround yourself with, makes a big difference. And you learn, I've learned, like, there are certainly people who have lost their strength, but you know what, that's okay. Because they couldn't do anything with me. I'm certain people who stepped up after my show. That kind of surprised me. And it's wonderful. So I have people I caught them in people in my corner.

Bill 37:26

Amazing, those people because I had a few of them as well. And then I had a few people who weren't or weren't able to be around. And I took a badly at the beginning, but then later, it does become somebody that you understand, is that not actually capable of being around and then that's better not to have them

around because then they cause discomfort and difficulty. It's awkward.

Elizabeth Cottone 37:52

Yes. And my most difficult emotion was anger. And said to my therapist, I said I needed to channel my anger and end up in jail. I'm just saying. I told her was saying it to myself. And so yeah, I'm still definitely working around the Sun wheel all the tanker. I mean, so much a bit angry him, Huck, but it doesn't get you anywhere.

Bill 38:28

What do you think your crime would have been?

Elizabeth Cottone 38:33

Oh, my, um, probably, you know, hitting someone up like I mean.

Bill 38:46

Is that, a new side of Elizabeth that wasn't around before? Would you have ever hit anyone before?

Elizabeth Cottone 38:54

No. Oh, God, no. Very good doer.

Bill 38:59

Do you think you would have done any real significant damage to the person that you hit? Or would you hit him with a wheelchair?

Elizabeth Cottone 39:08

No, right. So you better watch out for my wheelchairs or weapons?

Bill 39:12

Yeah. What are they gonna do with Elizabeth at the police station when they get her in there and she's attacked somebody from her wheelchair? What are they going to say?

Elizabeth Cottone 39:22

Well, I you know, I have um.

Bill 39:27

It would be hilarious.

Cerebellar stroke recovery and teenage challenges

Elizabeth Cottone 39:28

You get really angry when I'd be working hard to open a door and mean someone would pull it from the other side thing it helped me get so mad because it was like now don't pull away my support. But now, you say thank you so much, but blessing actually I needed the door and they will be so Oh, apologetic. Yeah. It's like people just don't understand. Yeah. And as you said, it's not their fault. Um, it's hard, though not to be super angry hip hop. Yeah.

Bill 40:20

Yeah, absolutely. It must be frustrating and challenging and all sorts of things and difficult and take a bit longer than you want it to sometimes if you're in a rush, yeah. So were you in therapy before the stroke? Have you ever been to a therapist?

Elizabeth Cottone 40:41

Yep, been. We're at the moment of this stroke. I watch it. Okay.

Bill 40:50

So you had been to therapy. Me, too. I had been to therapy for I would say maybe about nearly nine years. I don't know, in years before I ended up. If I remember correctly, it might be different. But a long time, maybe 10 years. And then I think it was really good that I had done a lot of that work beforehand because it was able to what I'd learned and what I've overcome, and all the rubbish that I'd left behind, things that I had to deal with.

Bill 41:22

I didn't bring them with me. So I was dealing with just new problems and new challenges. What was it like for you to have been in therapy before?

Elizabeth Cottone 41:31

Right? Um, well, you know, when it made me remember, cuz for a long time, I thought the peace show Beth was perfect. And it helped me remember, actually, the price joke. Beth was pretty screwed up too. And Christmas this year with my extended family helped me remember that.

Bill 42:02

I reminded you today.

Elizabeth Cottone 42:04

Oh, you know, it's yeah, sorry. Um, but ya know, I think you know, it was, yeah, I mean, there were issues. There were a lot of issues before my show. And I think the stroke, just Trump them up for lack of a better word. Yeah, this stroke became front and center. And it's all about how I feel. What trauma did I get from the stroke?

Elizabeth Cottone 42:42

Wow. Yeah. I mean, there was so much to unpack there. Just recently our women were Oh, yeah. Watson. So bourbon. I had no spray booth that brought me to therapy before the restroom.

Bill 43:00

What's interesting for me is I realized that I kind of found myself saying, you thought you had problems before? Now no problem.

Elizabeth Cottone 43:11

I know.

Bill 43:13

It's interesting. All my problems before seemed insignificant and dumb. And now, I've got massive problems, and I need to start. And some of them can't be solved. Some of them take forever to solve. And then, and then, sometimes I realized that I've also brought, you know, those dumb, irrelevant problems back into this new world of mind.

Elizabeth Cottone 43:40

Oh, totally. Yeah.

Bill 43:43

So the habit, the habit of focusing and being troubled by something minor and insignificant, was strong. And it seems to now want to continue to turn up in this part of my life. And I don't need that shit. Because I know it's distracting me from the other stuff I need to recover from.

Elizabeth Cottone 44:04

No, but it's really hard to just leave it all behind. You know, I mean, wow, it creeps up on and then you're late. Oh, yeah. As that issue too. Yeah. And, for me, what made the hardest? Well, there are so many hard things about my stroke. It's gotten so much better, but still, I'm struggling with being a parent.

Bill 44:34

That's the hardest part of the strike for you.

Elizabeth Cottone 44:37

Well, I wouldn't say the army but it's up there. No, because, you know, I'm a very different parent now than I was before. Yeah. And, you know, I can't say one is better than the other. So hard. Talk forever. Yeah, I've teenagers. And, uh, wow. I mean without a stroke, and with the pandemic, it's really hard. And so if you add a mother who has a stroke, it's really hard. hard to burn.

Bill 45:19

Yep. Teenagers, are very, very difficult to deal with, under normal circumstances, and then throwing a strike and a pandemic, I was going through my stroke recovery as my kids were teenagers as well. Yeah, and it was a real challenge because the frustrating part of them being completely self-absorbed and not doing anything for anybody at any time impacted me doubly as much. After all, I had less energy to deal with those challenges.

Bill 45:53

I had less. You know, I needed them, to step into line much quicker than they would, and to learn what I needed. And they couldn't understand what I needed. And it was really difficult.

Elizabeth Cottone 46:09

So hard.

Bill 46:12

We're gonna help we've spoken about how things improve. Well, let me give you a bit of hope. They improve when they become when they when they leave their teenage years, and they become older, they do improve, and they do get better.

Elizabeth Cottone 46:29

Okay. On that, okay.

Bill 46:33

A little bit of hope. So I found that my kids have been able to more than they used to come to terms with the difficulties that I face. And they're a little more what's the word? I'm not sure if the words compassionate. Because they're good kids, but they're maybe they're more understanding maybe, perhaps.

Elizabeth Cottone 47:01

Yeah, my 24-year-old, is so much better too.

Bill 47:11

Okay. So there's hope for the other two as well.

Elizabeth Cottone 47:15

Yes, I hope so.

Bill 47:18

That's the same thing that happened to me. And my oldest is 27. My youngest is 23. And then that's how they, they kind of grew into adulthood, and this different appreciation for how other people around them feel or what other people around them may be going through.

Elizabeth Cottone 47:43

Right? You know, I am thrilled because I just found out about a friend of a friend's daughter. And now she's 15 the same age as my daughter and that 15 had a stroke. And so my daughter is gonna talk with her, even though they're not in the same location, they're gonna talk either on Zoom or phone, not sure.

Elizabeth Cottone 48:16

And my daughter will share with her what it's like to have a mother with a stroke, and the 15 year old. Hopefully, you will open up a little bit about how it feels to be 15 and have a stroke. Yeah, so hopefully, it's gonna be a win-win.

Bill 48:39

A good little blessing to come out of this whole situation.

Elizabeth Cottone 48:44

Right.

The hardest thing about having a cerebellar stroke

Bill 48:48

So briefly, we mentioned the kids where your parenting was one of the hardest things. Do you know what the hardest thing is? Are you able to pinpoint what the hardest thing is?

Elizabeth Cottone 49:00

I would say for me, it was a loss. You know, I lost my whole identity, especially, my giftedness, giftedness at physicality, sports, like that was hard. Cuz putt was such a big part of my identity. Okay, so now it's like, I had to really sort of look at what was it about sports because I can't do sports now. What was it that I loved? And can I use that now? As I go forward? Like can I somehow find what I love about sports and use it now in a way that someone incapable of right now of walking can do?

Bill 50:06

Yeah, so.

Elizabeth Cottone 50:07

So that is, but yeah, that's been hard for me.

Bill 50:12

So you feel like if you identify what it was about sport, specifically that you enjoyed. And then if you take, those specific pieces of the puzzle and apply them to another pursuit, like writing or whatever, you might be able to re-experience a similar type of joy. Exactly. And your identity might be able to transform from a running identity to an exit identity and whatever that is. Right.

Elizabeth Cottone 50:49

And wow, is bigger. And I'm still a work in progress with it. But wow, I think I'm okay with it now. Whereas before I was and, um, so yeah, there's been that incredible change in me, yep.

Bill 51:12

The adjustment period is long. You can't just go from I do all these things to I'm not doing all these things now and then be okay with it just overnight. It's not

possible, right?

Elizabeth Cottone 51:22

Right. I know. Wow. And it's pretty brutal. But I mean, there is a light at the end of that tunnel.

Bill 51:32

As well. Yeah. Well, good on you. That sounds fantastic. Now, let's talk about your books. You wrote, dyslexia, a universe of possibilities, before all of this stuff, right?

Elizabeth Cottone 51:46

No, I had that book in my head. And then I had my stroke and lost my job. And I swayed because he didn't do any sports. And so I was like, well, I'll just write that book.

Talk about the book

DYSLEXIA



A Universe of Possibilities

Elizabeth Cottone, PhD

Bill 52:03

Okay. So you have written a book, how many pages? Is it long?

Elizabeth Cottone 52:10

No, not so long. I mean, who wants a long book?

Bill 52:24

Especially if you have dyslexia, right?

Elizabeth Cottone 52:26

Yeah, right. Exactly. Right. The book is kind of for dyslexia, but it's also for anyone interested in dyslexia. So before my stroke, I did a ton of work in this teaching and research. So the book, the odd chapters, falls out to different people I know. And even what chapters are more based on theory, like the definition, how it fits in with other kinds of learning disabilities and a timeline.

Elizabeth Cottone 53:14

It's like, all that stuff I learned in, you know, my, like, my masters and my PhD. Yeah, yes. And, but I've worked with some amazing dyslexic students. And I was like, I'm gonna write a book about you. And when I did, I mean, my one shouldn't amaze mean, very dyslexic, but could do honors chemistry so much better than me. I mean, I could read he couldn't. But he had. Wow. I mean, that was the only glitch in his brain.

Bill 54:05

So.

Elizabeth Cottone 54:06

But he was judged.

Bill 54:12

Yeah. Judged by the people who probably would benefit from reading this book.

Elizabeth Cottone 54:18

Right. Oh, yes. Yes. Oh, wow. I mean, the idea behind the book is, no matter what your neurodivergence is, there's more, you know, whether it be dyslexia, or ADHD, or stroke, or autism. There's more, there's so much more to people and a lot of times in our society. We don't see that we don't, all we see is the superficial thing that may be related to getting a job or getting into college or achievement of some kind.

Bill 55:13

Do you it would be a good book for parents as well then?

Elizabeth Cottone 55:17

Oh, yes, and teachers, and students, and families, everyone who's interested in Deus Ex. Yeah.

Bill 55:30

Yeah. Excellent. Well, that's good to know. So who drew the artwork? Who did the front cover for?

Elizabeth Cottone 55:38

My daughter? Oh, my gosh. I know. Wow.

Bill 55:44

It's perfect. I'm sorry. It's such a perfect cover. It is.

Elizabeth Cottone 55:51

Thank you. I so.

Bill 55:54

Yeah. There's so. So why I ask is because that looks like your daughter has a deep understanding of dyslexia.

Elizabeth Cottone 56:06

Like I bet she, um, she is she's interesting. She's very smart. And but very compassionate too. Yeah, um, but you know, she said to him, so.

Bill 56:26

How old she went, she drew that. Eight. So that's the one. That's what I'm curious about is that have Did you ask her to draw a picture about dyslexia? How did she draw that?

Elizabeth Cottone 56:40

And I just, I, she is she came, we showed this to me. And then I said, Dahlia, can I use it for the cover of my bed? She's like, Yeah.

Bill 56:51

Let's see, that's the weird part is that she completely totally encapsulates the challenge that people have with letters and words, and where the challenge is, it shows that it's in the brain, right, and she's even got the people who are listening, you have to go to recoveryafterstroke.com/episodes. And check out the show notes because the cover of the book will be there.

Bill 57:21

And for people on YouTube, they'll be able to, I'll try and paste this image in so that they can see that. And they don't have to leave and go there at this part of

the interview, but it shows like, it completely shows the head, part of the head sort of being lifted off, and then revealing the brain.

Bill 57:44

And then the letters all jumbled in different directions all over around the top of the head. And it just seems like she has a far deeper grasp of what the challenge of dyslexia is without having dyslexia. But she doesn't have dyslexia, does she?

Elizabeth Cottone 58:04

Well, it's a good question. I don't think so. But yeah, she may be on that spectrum. I'm not sure.

Bill 58:12

Yeah. But at eight years old, that's, I think that image is profound, that she did that and then brought it to you so you could see it.

Elizabeth Cottone 58:21

I know. I agree.

Bill 58:24

That's fantastic. So now, the second book that you wrote, how long ago did you write the second book?

Elizabeth Cottone 58:32

So it took me a little longer to be able to confront all my films about my stroke. And all my background is wars. So my second book, I finished the writing in 21. Maybe. But what did when did Logic Drush this year, like in 23? Maybe in October, I launched it, and it came out on Amazon.

Bill 59:13

The right reinvention of life after the traumatic change. Yeah. And you're a little you found that a little harder to write because of the emotional aspect of that.

Elizabeth Cottone 59:26

Yeah, totally. I mean, it's about there's a chapter for sure about my stroke, which you know, matches or with, just like you that did talk more about your pre-stroke life. Okay, that was hard for me. But it also talks about other kinds of trauma. There are so many. So I cover people who are athletes who grow Straight from college. And at that point, they're like, well, what do I do?

Elizabeth Cottone 1:00:05

Do I either become a pro or completely ruined? So tard because the and I know people who went to that, it's very hard. And I have a chapter about people losing what I call a gateless. system is like, like, when you have a stroke, you may lose vision. Or you may lose vision for other reasons. That would be a gateway skill. Here, I'm sorry.

Resilience and overcoming traumatic change

Bill 1:00:49

Gateway skill. So you consider them the most critical skills?

Elizabeth Cottone 1:00:54

Well, now what I, the reason I call them gateway skills, is because they are gates into the brain into the essence. So like, people who lose, let's say, their vision or their hearing or their speech, this channel in there. Yeah. And so it's like, the idea is, okay, they have to find another way to communicate. I mean, wow, I have many friends who are phasic. And they are still in there. I mean, they are, they're such strong essences.

Elizabeth Cottone 1:01:42

They just struggle with language. And, you know, it's not the only thing. It's important, I'll get, which was very important. But it's not the only thing you can adapt. So it's traumatic that we lose it. But yeah, you can you can recover from it.

Bill 1:02:12

The person that I always think about when you describe the person Hi, who I thought about was Stephen Hawking. Yes, yep. He lost every gateway skill you could imagine. Man, yeah. And forget about what he achieved in his field, which is, you know, he was at the top of his field.

Bill 1:02:37

What he achieved as a completely disabled body, right, in the world, and all the barriers that he broke in academia, in the professional world, in all the worlds that he hung out in. He had, I think he had motor neuron disease, something like that. And it had, it had taken all of his ability to move his entire body, but he lived with that condition for 30 or 40 years, and when he died.

Elizabeth Cottone 1:03:12

Right, and he did not let it stop him.

Bill 1:03:16

Yeah, no matter why he couldn't speak, he couldn't do anything other than move his eyes and he could use his wheelchair, I think and he could, and he could talk with a machine. So he found ways to adapt. And, and, you know, I used his quote in my book, and the quote goes, Do not be disabled in spirit as well as physically.

Elizabeth Cottone 1:03:45

Bright, bright, and which is most important. Probably spirit, right? Spirit.

Bill 1:03:54

Absolutely. Because, if you lose your spirit, I think you've lost everything. Right? It's Yep. Even if you're physically able, and you lose your spirit, then your body doesn't recall anything either.

Elizabeth Cottone 1:04:11

I know how sad is that. No, no.

Bill 1:04:14

Yeah, it would be it would be. So the chapters in this book and reinvention of life after traumatic change. A drastic change is in chapter one. Negative emotions and validation in chapter two. Trauma and resilience are trapped in the three, parenting.

Elizabeth Cottone 1:04:38

I laugh because I have an incredibly stringent definition of here's my own.

Bill 1:04:48

Tell me, what do you how do you define resilience?

Elizabeth Cottone 1:04:51

Oh my god. So there's so much there. I think there are five components. The first is overcome meaning both acute and chronic trauma. One is knowing yourself. The one is managing your anger. Another is it's called hello static load. It's like, well, there's this concept called Skin The present is where, you know, you look very resilient. Like, you may have overcome many obstacles.

Elizabeth Cottone 1:05:36

Ag goes to college, you got to a good job. But then you dive hard to get Verity.

Like you're not resilient if you don't play. Um, so what we'll do is measure magically to blood, I think blood draws, we measure certain things to make sure someone's elbow static load is okay. Not too high. I think there's that. And there's one more I have to remember. I can't remember.

Bill 1:06:21

It sounds like you're, wow, it's I haven't defined the resilience instead of going.

Elizabeth Cottone 1:06:28

On behalf. Although there are people I can think of that fit my definition, not many.

Bill 1:06:38

Well, yeah, well, that's what I was gonna say. Because if I think you're right about resilience, people appear resilient, while he's got through a broken bone. He got through the studies, he got through the car, car collision, he got through his wife leaving him, like all that stuff. You know, it seems like you're being resilient.

Bill 1:06:58

But I think there's a, there's a skill, there's also a skill in being able to overcome things by sheer brute force and just determination and not then attend any kind of sectioning off the emotional part of that and, and making it building a wall around your emotional center. And then, and then that allows you to get through an experience a traumatic experience, but it doesn't make you resilient.

Bill 1:07:28

What it makes you good at is stopping the emotions from impacting you, and then later, you're falling, because now all of the emotions come home to roost.

Elizabeth Cottone 1:07:41

Oh, my God, you should just have come to my support group with Richard Tedeschi, because he talks about exactly that, you have to let things out you have to grieve and be sad, and then can be resilient.

Bill 1:07:59

I think that's why I like, the fact that you've over-defined that is because it is far more nuanced than a three-line definition in a dictionary.

Elizabeth Cottone 1:08:11

And why it took me a long time to think about that one. Yes. And, you know, with COVID people throw out that word all the time resilient. They're so resilient because they overcame COVID. And I'm like, wow, they could be or they could not be enough information, I think.

Bill 1:08:37

Yeah, absolutely. On the surface. deceptive. Wow. Tell me, we've spoken a little bit about what the hardest thing in your stroke journey was, but what is the Oh, is something that stroke has taught you?

Elizabeth Cottone 1:09:01

Yes. So I think they're both the same. The hardest thing is probably the thing I need to learn the most, which is to go slow. Be patient. No stop takes a long time. And we don't live in a world where we expect in fact, we're going the wrong way where everything is so quick. And people drink a lot of coffee.

Elizabeth Cottone 1:09:34

Which way I like coffee too. But wow. I mean, it's important I think to say it's a main thing for me having slow down what I even see differently like the trees and birds in my backyard. Like was that tree oh is one I missed before when I was a big doer.

Bill 1:10:05

Okay, so life has become more focused, you see things that you didn't see before that were always there.

Life after a stroke with a survivor's perspective

Elizabeth Cottone 1:10:12

Right? Yeah. Oh, man now yeah. I mean, at first when I came home was like, all I wanted was to come home. Then I came home, and I had lost my job. My kids were completely alienated from me. I couldn't run. I couldn't drink my wine like I usually do. And I was like, Oh, this is awful. And, yeah, so I cried for like a year and a half. But then I was like, I can not keep crying. I have to figure out how to be in the world. And so it took a lot of reinventing.

Bill 1:11:09

Yeah. So people who are listening to this episode may have just had their stroke, they may just very early stages. What would you tell somebody who's listening to

this who's just had a stroke?

Elizabeth Cottone 1:11:18

Oh, well, I have to reiterate, I'm sure what others have said, don't give up. Just not persist, and stay within. And it's rough at first, but it changes and gets better. If you liked it. And you know, the world. It's like a rebirth though. It's like, yeah, it's like, horrible, horrible, but then you realize it's a rebirth. And now it's like, I see things differently.

Elizabeth Cottone 1:12:02

And it's probably better. I mean, it for me, it was, I'm like, what was I like this horrible person before? I don't think I was. But since my stroke, wow, I am just very compassionate and very motivated to elbow at their stroke survivor. I'm very different than he used to be. In a good way, I think.

Bill 1:12:36

Yeah, I think I didn't know you before that. But I'm gonna just go with it in a good way. I'm gonna go with that. I'm just as.

Elizabeth Cottone 1:12:50

It's hard. Because before my shock, I was a bad person. You're doing everything.

Bill 1:12:59

You adjust the word that most of us are, we're being by No, right design.

Elizabeth Cottone 1:13:06

Even worse, like I was doing. I was working full time raising my head, running a marathon taking you on my animals. And wow, it's, it's like I heard so reset. If I had said that I didn't have a stroke, I would have had a heart attack.

Bill 1:13:31

It's superhuman, it's superhuman, you were doing.

Elizabeth Cottone 1:13:36

Right. I think I always think of the analogy of a plane going straight to the ground. And inside, you don't know what's happening, but you're about to hit the ground. And, but if you come out of it and survive, wow, you cannot be the same person.

Bill 1:14:02

Yeah, I do also believe that if I didn't have the brain hemorrhage it probably would have led my health and my habits and my behaviors would have led to something far more serious. Or well, not more serious, but maybe if I'm while something more deadly, or a cricket demise because yeah, I wasn't looking after myself either. Right. I certainly wasn't paying attention to it.

Elizabeth Cottone 1:14:29

I was neither. I mean, wow. Yeah. couldn't have been worse, although I may have died and come back.

Bill 1:14:39

Ah, yeah, you might have had yeah. Well, good that you did. Where can people find you online?

Elizabeth Cottone 1:14:49

Oh, my website, ElizabethCottone.com.

Bill 1:14:56

Okay, I'll have the links in the show notes.

Elizabeth Cottone 1:14:59

Yeah, that would be the best place.

Bill 1:15:03

And your books are on Amazon. And I'll have all those links. Elizabeth, thank you so much.

Elizabeth Cottone 1:15:07

Stores.

Bill 1:15:09

And local bookstores.

Elizabeth Cottone 1:15:12

Oh, yeah, you have to mention it and order it, but did make it available that way too.

Bill 1:15:19

Yeah. Fantastic. Okay. So thank you so much for joining me on the podcast. I appreciate it.

Elizabeth Cottone 1:15:26

Oh, thank you so much. Wow, it was great.

Bill 1:15:29

Well, thanks, everybody for joining us on today's episode to get the Amazon links. And to grab a copy of my book *The Unexpected Way That a Stroke Became the Best Thing That Happened*. Visit the show notes of this episode by going to recoveryafterstroke.com/episodes. There you will be able to learn more about my guests including links to their social media, and you will also be able to download a transcript of the entire interview.

Bill 1:15:58

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Bill 1:16:30

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Bill 1:17:00

Come and join me on the show The interviews are not scripted, you do not have to plan for them. All you need to do to be a guest is be a stroke survivor. And you want to share your story in the hope that it will in the hope that it will help somebody else who's going through something similar. If you are a researcher who wants to share the findings of a recent study or you're looking to recruit people into studies, you might also wish to reach out and be a guest on the show.

Bill 1:17:30

If you have a commercial product that you would like to promote that is related to supporting stroke survivors to recover. There is also a path for you to join me on a

sponsored episode of the show. Just go to recoveryafterstroke.com/contact Fill out the form explaining briefly which category you belong to and I will respond with more details about how we can connect via Zoom. Thank you once again for tuning in. I hope you have a fantastic new year. See you on the next see you on the next episode.

Intro 1:18:08

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Intro 1:18:38

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Intro 1:19:05

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Intro 1:19:29

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