

Ischemic Stroke Recovery | Aimee Silverman

Aimee Silverman is on the road to Ischemic Stroke Recovery after a blood clot formed in her head aged 49

Highlights:

01:44 Introduction

03:02 Ischemic stroke recovery

08:38 Stroke risks and prevention strategies

13:05 Managing autoimmune condition and stroke recovery

19:42 Prioritizing tasks and nutrition

32:23 Managing fatigue and sensory overload

38:23 Stroke recovery, family life, and independence

44:01 Fall prevention and recovery strategies for stroke survivors

50:04 Stroke recovery and rehabilitation strategies

54:17 Adaptive fitness after a stroke

1:01:05 Adaptive sports and overcoming challenges

Transcript:

Aimee Silverman 0:00

And then I read the first chapter of your book about having a growth mindset. And so I've been thinking about that more like a growth mindset in a work environment, you think of what mistake did I make? And how can I learn from that and improve upon my performance?

Aimee Silverman 0:15

So growth mindset here for me in stroke recovery is thinking about what can I do to better the results of my recovery or make my recovery more productive, I guess. So I've been thinking a lot more about just thinking positive, celebrating the little wins, and having a little grace for myself. And also just thinking about changing habits like eating healthier, which I don't eat very well.

Intro 0:47

This is the Recovery after Stroke podcast. With Bill Gasiamis, helping you

navigate recovery after stroke.

Bill 1:00

Hello, and welcome to the Recovery after Stroke podcast. The final touches on my book keep on coming. Last time it was, change a few words here, remove a line there. Now it's upload problems. So we're going to get there. Eventually, the book will be live but in the meantime, what I'd like to do is give away the first chapter of my book free.

Bill 1:24

The book is called *The Unexpected Way The Stroke Became The Best Thing That Happened*, and it shares 10 secrets from stroke survivors that will transform your life. Now if you go to recoveryafterstroke.com/book and fill out the form, you will receive the chapter of the book in your email a few moments later.

Introduction

Bill 1:44

Now, this is episode 279. And my guest today is Aimee Silverman, who was 49 when she experienced an ischemic stroke while working at home during the lockdowns of the pandemic. If you are a stroke survivor with a story to share about your stroke experience, now is a perfect time to join me on the show.

Bill 2:04

The interviews are not scripted, you do not have to plan for them. All you need to do to qualify is be a stroke survivor who wants to share their story 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 are looking to recruit people into studies, you may also wish to reach out and be a guest on my show.

Bill 2:27

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, and 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. Aimee Silverman, welcome to the podcast.

Aimee Silverman 2:54

Thank you, Bill. I'm very excited.

Bill 2:56

My pleasure. Thank you for being here. Tell me a little bit about what happened to you.

Ischemic stroke recovery

Aimee Silverman 3:02

So about three years ago, in the middle of COVID, I had an ischemic stroke. And I was home at the time. And thankfully my husband noticed that there was something wrong with me because it was mid-morning and I was supposed to be working, I was working. And all of a sudden, I was typing an email and realized that I couldn't move my left hand.

Aimee Silverman 3:27

So I went and got up from my desk, walked out to my den, and lay down on the couch. My husband came out, he was about ready to go play golf because it was a nice day. And he said, what's wrong with you? Why are you lying down? Because again, it's the middle morning, and I'm supposed to be working.

Aimee Silverman 3:49

And I said, you know, I'm just a little tired and disoriented. It's just I feel a little weird. And I was slurring my words at the time. And I could tell I could hear myself slurring my words, but I couldn't correct myself. And he said to me, what's going on with you? Why are you slurring your words? Have you been drinking? I said, No, it's the middle of the workday.

Aimee Silverman 4:09

And he said, well, something's not right. And he called 911. He came back and he said, I just called 911. They're gonna come. I think you're having a stroke. And I said, a stroke. What are you talking about? I feel fine. I don't feel anything. I just felt a little off and tired. And I said, Please, cancel the 911 call and go play golf I'll see you in a little bit.

Aimee Silverman 4:37

So he said, no, I'm sure you're having a stroke. And so he quickly went to his

computer, Googled stroke symptoms, and came back and said, can you move your arms? And I couldn't move my left arm. So what was interesting is I had gotten up from my desk after my hand stopped working, stopped typing on my laptop, and was able to make it to the couch.

Aimee Silverman 5:05

But at this point, I couldn't move my arm. So the ambulance came, and the guys did they're kind of, you know, What day is it? What's your name? Where are you? All the normal questions and they say, can you smile? And can you lift your arm and this and that? And then I heard them call into the hospital, which is very close to my house thankfully.

Aimee Silverman 5:34

And they said we have a stroke patient here. And so all of a sudden, I was whisked away to the local hospital. They gave me the TPA drug because they figured out that it was a blockage in my brain. And from there, they flew me out, too. I live in the suburbs of Boston. So they flew me to the city to have an emergency thrombectomy to remove the clot or to blast the clot.

Aimee Silverman 6:00

And so I had that I was in the ICU for two weeks in Boston. And then I went to an inpatient rehab facility for six weeks before being released to go home. And then I had some home therapy. Now I've been in outpatient therapy for several years. So it changed my life. I was working, like I said, and it's been heartbreaking for me to have to leave my role.

Bill 6:30

Were you working at home because of the lockdown?

Aimee Silverman 6:34

Yes.

Bill 6:36

That's a blessing.

Aimee Silverman 6:38

Yeah, I think so. Although after the stroke, I didn't see my parents for six weeks, because the hospital and the rehab, were very strict in letting people in. Like, I think I could only have two different visitors a day. And they could only stay for

like 20 minutes. So my husband would come or my son would come in to see me when my daughter was at school. So she wasn't close enough to come visit.

Bill 7:07

Yeah, so the lockdown perspective, though, was a blessing that you were working at home, and your husband was at home, right? And then as a result of that interaction, he's onto it almost immediately by the sound of things.

Aimee Silverman 7:26

Yeah, so the nurse or the ER doctor who was working with me when I first got in there, and she gave me the TPA, she said, Oh, you're so lucky, you're here within the first hour of this starting so. And at one point, they had video, telemedicine, and other neurologists from Boston, who were also trying to assess me for what to do. And in the middle of the video, I was able, he was you know, doing that, again, the Raise your arms, wiggle your toes and all that. And I was able to raise my arms and he said, Oh, look, he's able to move.

Aimee Silverman 8:09

And then all of a sudden, right after he said that, I guess I slumped over and I started stroking out again, I guess. And so that's when they decided to move me to Boston to get surgery. Because the clot must have moved. Well must have moved when I got up when it initially happened. And I got up and was able to walk to my sofa. And then it moved again when I was on this video conference with the doctor's surgeon.

Stroke risks and prevention strategies

Bill 8:37

So did they work out the underlying cause of the color?

Aimee Silverman 8:43

What's interesting in a short story is no I don't have any high-risk factors. I'm not diabetic, I don't have high blood pressure. I don't have high cholesterol. And I was, you know, to me, stroke patients or survivors are usually people who are older and I don't consider myself older. I mean, I'm 50-something at this point, but still, yeah, like I'm thinking 67-year-old people who have a lot of gray hair. I mean, I have some gray hair, but that's more for my kids than anything else.

Bill 9:19

If gray hair is the judge of whether you're old or not. And so I'm 30 years old, so who is out? Yeah. But that's alright. I know what you mean, there is a perception that stroke is an ailment that happens to older people, we tend to see. I'm not sure if we see them more or they're promoted more or they're part of the campaigns to raise awareness. I'm not sure what it is. But it's true. I had never known anyone young. Well, I was 37. So I had never known anyone who was anywhere younger, or near that age that had a stroke.

Aimee Silverman 10:00

Babies can have strokes. Yeah, no children can have strokes.

Bill 10:04

I mean, lots of people at every age group, and they're givers and parents of people. I've interviewed people who have had a stroke in utero. I mean, it's ridiculous. But for some reason, it's not well known that it happens to people at every age. And then there seems to be this hole that people fall into when, where they kind of disappear out of society, and they're missed, and they're not seen as being stroke survivors.

Bill 10:36

At least that's how it felt. For me, it has changed a fair bit, especially since podcasts and other communities have evolved. And also, so being people being able to self-publish, has been another way that awareness of younger stroke has kind of increased. So it's been really interesting. But I, you're not the only one who felt that way.

Aimee Silverman 11:03

Yeah, I mean, I didn't know anything about strokes until unfortunately, this happened. I didn't realize it was as high as one in four people will have a stroke. That's a lot of people.

Bill 11:16

That is ridiculous.

Aimee Silverman 11:19

When so, you know, the doctors to go back to the cause? Yeah, the doctors did a bunch of tests, because again, I didn't have any high-risk factors. And they think it may be an autoimmune condition where I had, where I have something called

anti-phospholipid syndrome, which I think potentially causes clots. So now I'm on blood thinners to counteract hopefully, having another stroke, not so to prevent having a second stroke. Sorry, I was super anxious about that afterward.

Aimee Silverman 11:55

And actually, it wasn't until I had spoken to you, or maybe read something that you wrote. That to help reassure someone that, you know, the way they try to prevent a second stroke is because the cause of mine was a blood clot, the blood thinners really kind of help. Keep that as a mitigating factor. So that doesn't happen again, versus someone who let's say, has a brain bleed? There's nothing you can do at least I don't think they're I don't know.

Bill 12:31

Yeah, well, with my brain blades, there wasn't much that I could do to prevent the second and third one from happening. Although I did as much as I could, I still took responsibility for not causing another one. And that meant that I, you know, changed the way that I worked, I changed. You name it, everything like every stroke survivor changes. Yeah. And also my diet and my habits, and I meditated, and I did everything to try and help it heal. But this particular blood vessel in my brain didn't want to be healing anytime soon.

Managing autoimmune condition and stroke recovery

Bill 13:05

So it took nearly two and a half years to get to the point of surgery more than two and a half years. And in that time, it bled three times. And then the only way to stop the bleeding to resolve it was to remove it. And that's why we went in. And that's what the outcome is.

Bill 13:26

The idea was that you're at greater risk of a fourth blade causing some major health problems as well as potentially a risk of harming other people, for example, if I was driving or doing anything like that, which I had been given permission to drive and a greater at lesser risk of complications from surgery. So when brain surgery has fewer complications as a risk factor, then it's different. The thing to do is.

Aimee Silverman 14:00

Go, Sorry, my dogs whining at me, who wants dinner? It's dinnertime. It's amazing. They have this internal clock. Yeah.

Bill 14:08

They know exactly when it's time to interrupt you. That's all good. So yeah. So it's interesting that I think you can do a lot to manage your state. And if you can manage your state, and then also take and make the most of modern medicine, then I think that's a great thing. And if it helps ease, anxiety and keep things calm. I mean, that and at phospholipid syndrome, you know, there, there isn't much to do about it. If you have an autoimmune condition.

Bill 14:48

There isn't much that I know of that you can do to reverse it or stop it from cloning the blood. But blood thinners are extremely safe for the majority of people. And, and can make a massive difference in keeping people well and avoiding stroke. So it's great that that's a possibility for you. So has the antiphospholipid syndrome been diagnosed? Or? Or not? Exactly.

Aimee Silverman 15:20

Not exactly. So that's the other thing with autoimmune conditions. So I was undiagnosed for another autoimmune condition for so long. But they seem to run like once you have one, you're more likely to have another one. So there is a blood test, and it's having come back. Like none of my doctors and I have a whole team of doctors now. None of them have said yes, it's definitively that they've all said it's probably that, but it could be other things. So I have a fairly complicated medical history.

Aimee Silverman 15:56

However I did have I do have an autoimmune condition, which they thought was lupus. And it took a long time to come to figure out what it is, which is undifferentiated connective tissue disorder. So you know, and they don't know if that's contributing to it, or just the fact that I have autoimmune issues in general. It's crazy. I mean, science has come a long way in medicine, but I'm like a medical mystery. I feel like sometimes. Is it annoying? It's, it's troublesome because it makes me wonder like, what else is going to pop up?

Aimee Silverman 16:35

Because I've also I have a history of lymphoma. Which, you know, I've asked the doctors about that as well. And they've said, you know, we don't know if lymphoma causes the autoimmune condition or vice versa. Is it the chicken or the egg? I'm not sure. So yeah, complicated medical history.

Bill 16:55

Yeah. Okay. So I can understand why that causes you to try and think about what might come but do you feel like you're unprepared for something that might come? Or are you resigned to the fact that you're just living the life? And this is life? And what the hell do we do other than try and live our best life?

Aimee Silverman 17:15

Great question. So at this point, I think I'm grateful to be here still. And, you know, living life as best as I can, not letting things hold me back. Like, I'm going to travel by car. And I keep thinking like, at this point, I got to do the things I can still do now. So I don't miss out or so that I can experience these things that I've wanted to experience. So I mean, you can worry about anything, you can worry about being hit by a car, or tripping and falling and hitting your head at this point. I mean, there's just so many things, you just gotta keep living and look forward.

Aimee Silverman 17:59

And actually, I've been part participating in a meditation group, which has been very helpful. And then also, like, I've been reading, I read one of your other guests, her book, and you read. So I just finished that book the other day, that was very good. And then I read the first chapter of your book about having a growth mindset. And so I've been thinking about that more like, growth mindset in a work environment, you think of, okay, well, how did I, you know, what mistake did I make? Make? And how can I learn from that and improve upon my performance, right?

Aimee Silverman 18:40

So a growth mindset here for me, in stroke recovery is thinking about what can I do to better the results of my recovery or make my recovery more productive, I guess. And so I've been thinking a lot more about just thinking positive, celebrating the little wins, having a little grace for myself, and also just thinking about changing habits like eating healthier, which I don't eat very well.

Aimee Silverman 19:15

And I mean, because I'm going through all the therapies, I'm going through physical therapy, occupational therapy, I'm going through psychotherapy, I'm doing meditation classes, also undergoing acupuncture, so I think I'm doing a lot, but.

Bill 19:36

You are either performing a overachieving you've always been an achiever, though, right at work, everything. Yes. Like.

Prioritizing tasks and nutrition in stroke recovery

Aimee Silverman 19:43

I wouldn't go back to my employer. At the time I had the stroke were so considerate and they were wonderful. They said, you know, come back when you're ready, and I just, I can do limited things with a limited amount of work in as long as it's the cognitive recovery that I've been struggling with most. And because of that, I have trouble focusing and concentrating on things for long periods.

Aimee Silverman 20:14

And things like Zoom meetings also drain me. And so I knew I wouldn't be able to go back and perform at the level that I would have expected of me or that they had been used to. So I just can't do it because I don't like to fail. And yes, I like to overachieve.

Bill 20:33

Yeah, I think that's right. And there is a risk of overdoing and doing too much. So if you're focusing on, say, many things that are supporting your recovery, like all the therapies, then that's good because they are supporting your recovery. And then later on, what I found was, that I couldn't do well, just because of a normal brain, I can overdo things anyway.

Bill 20:59

Because you can't do everything, all at the same time well, you're going to slack off, and you're going to lose the ability to do all those things, add your best level, right, so things drop off, and things pick up. So what I found was when I left

rehab, after I finally left outpatient rehab, I was then I had more time to myself.

Intro 21:29

If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind, like how long will it take to recover? Will I 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. If this is you, you may miss out on doing things that could help speed up your recovery.

Intro 21:58

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. These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke, they'll not only help you better understand your condition, they'll help you take a more active role in your recovery, head to the website. Now, recoveryafterstroke.com and download the guide, it's free.

Bill 22:31

And then as a result of that, I got to the point of being able to focus on nutrition better and do more with my nutrition because I had more time on my hands. So you know, there's time, you'll have time to adjust the things that you're not taking care of the most. And you'll be able to take care of them better when other things settle down. So it's, it's kind of like if you have a to-do list you can't run at all at the same time, you have to kind of work your way towards it and then prioritize what you think is most important to you.

Bill 23:08

Now, you don't look like your diet is unhealthy, perhaps you could do better. But hopefully, you're not eating McDonald's every day after your stroke, and you're not, you know, all your food is not based around that kind of nutrition sort of level. And if it isn't, then maybe there's an opportunity for tweaking it and an opportunity for making it a little better. And then that's, that's a good thing.

Aimee Silverman 23:37

Yeah, and, interestingly, you mentioned that to-do list because, like one of the

things I used to pride myself on at work is getting what I would say GSD. So getting shit done. And and it would make me feel productive, and like I was contributing. And so now I have a to-do list for you know, my house, myself, and whatever. I find that I usually can't tackle the list of 10 things that I would like to do for the day. And so if I can focus on one or two, that's usually the best way to go about getting what I need to get done and also feeling productive.

Bill 24:18

I remember at one stage my priority was to have a meal ready for everyone who came home after school and after work. Because I had a lot of time on my hands things started to settle down. And everything is nearby, I was able to get to the shops, pick up some ingredients, and bring him home. And if I did nothing all day was fine. As long as by around six o'clock, there was a meal on the table. And then we could all sit around the table and at least have a meal together.

Bill 24:53

And it's exactly that I worked out what my priority was that particular day my priority was going to be to make a meal and I made it. And we ate. And I knew that everyone was going to be home and we ate together. But I got nothing else done. And the old me would feel bad about getting nothing else. And it definitely would have all been losing. You know, boards have been always focused on.

Bill 25:18

This hasn't been done that hasn't been done. And I'll just get this done before I get up and I'll just get that done, then I'll be rushing to the shops to pick stuff up. And then I'll be rushing home. And I'll be doing it all under duress and stress. And it was a completely different experience, being able to just prioritize one task for the day and doing it well. It gave me a lot of satisfaction.

Aimee Silverman 25:40

So, Phil, remind me what happened after your strokes and where you left with any deficits.

Bill 25:50

After the first incident, I was in hospital for seven days. And I came home with on a medication on a medication called dexamethasone, which was a steroid to reduce inflammation in the brain. And that has side effects like you wouldn't believe. And it made me Insomniac, it made me feel like there was stuff crawling

on my skin. It made me hallucinate. It made me angry and all this kind of stuff.

Bill 26:21

So when I first came home, I was a complete basket case I was a mess, I couldn't achieve or do anything other than basically just be around and try and kind of stay in this realm, or kind of felt like I was in a different realm I was spaced out, I was on another planet. And that started to settle down. And I was at home for six weeks on doctor's orders to do nothing, absolutely nothing. So I did nothing. Except six weeks later, literally a day or two before my six-week follow-up. It bled again.

Bill 26:56

And then when I ended up in the hospital, that time I was in there for three days. But this time the blood clot went from what you guys might call a dime, the size of a dime to about the size of a golf ball. So there was a lot more of my head. Yeah, a lot more of my head being impacted and a lot more and my blood vessels of my neurons were kind of sleepy or switched off or damaged. And when I came back from the hospital, I wasn't allowed to do anything that I couldn't do much. I remember sitting and trying to type some emails for work because I had a property maintenance business.

Bill 27:31

And I'm trying to keep everyone going and clients paying and all that kind of stuff. I set out to type an email. And I think more than half the day had elapsed, and I hadn't managed to finish an email. At one point, I didn't know who my wife was, I couldn't remember who came to visit me. I definitely couldn't drive. I couldn't start and finish sentences, I kind of start a sentence and then fade out. And then and then I'll finish the sentence two hours later. So cognitively, I was messed up, I still could walk and everything was fine.

Bill 28:12

And I never had left-side deficits. And then as things started to improve, because that clot started to decrease, but it took nearly two years to decrease to get to the point where it was not impacting me anymore, I started to feel well. But the period was large. So between the first blade and brain surgery was nearly two and a half years. So in that time, I had every level of deficit and cognitive impairment and emotional challenges and mental health issues, and the whole thing all happened in that time.

Bill 28:51

And it was in those early days of the second blade when I was at home the most. So the second time I was home probably for three or four or five months. And it was at that time when I had to try and find a way to feel like I was being useful. And like pick one task and get that done. My dad was picking me up from home to drive me to my appointments to the shops everywhere, everywhere that I needed. And it was oh my god, it was just so all over the place. It was a completely different life experience. I had no idea.

Aimee Silverman 29:36

Yeah, that's crazy. I mean, I can't even imagine going shopping for groceries and then making a meal. I mean I get tired if I'm going to get a drink from the refrigerator because yeah, all of it is like the energy to concentrate on getting up walking, and doing the thing I mean well I can't cook right now because my left sight is not functioning. But just the thought of even trying to do that with one hand is difficult.

Bill 30:09

Yeah, I know that. I know that brain strain that you experienced because I do get it still, in the early days, I used to get it a lot, and going to a shopping center with all the noise, and the lights, was hard. And I used to avoid sporting events for probably the first, maybe five, six years after this incident. And recently, about a year and a half ago, we went and saw Billy Joel. And even that was a difficult experience. He was live in concert here in Melbourne. And even that was hard for me to be at, although it was enjoyable.

Bill 30:45

Part of me was feeling like maybe I was just staying at home. So it still happens with the fatigue, I was at that point. At some stage walking to go to the toilet was too far. And I'd be completely wiped out for the rest of the day. So I know what you mean, one of the things that improved my fatigue was adjusting my carbohydrate intake. So decreasing simple carbohydrates, like pastures and sugars and bread, is good to know, really improved my, fatigue levels.

Bill 31:28

And in my book, which is almost ready, it's this every time I think it's ready, they tell me there's something else that needs to be done to tweak it or fix it or whatever. So in my book, which will be up about a month after this goes live in, in

the episode, which is about nutrition in the episode in the chapter, which is about nutrition. There's a book that I mentioned there called Green Brain by Dr. David Perlmutter. That book is the book that I read that completely changed the way that I looked at nutrition to heal a brain and to support a stroke brain.

Bill 32:07

And he talks about decreasing the intake of simple carbohydrates like that, because of the way that they spike insulin, and what that does to your energy levels. And then the whole cascade of events that happen after that.

Managing fatigue and sensory overload

Aimee Silverman 32:23

Right. So yeah, so I've been, you know, I like you said, I have difficulty going to the grocery, I haven't been to the grocery store since the shutdown. So it's been three, three-plus years. And, or going to the pharmacy to pick up toothpaste or whatever, right? All of that stimulation of seeing all the products on the shelves, the lights, the people are straining, I mean.

Aimee Silverman 32:51

So, you know, a few things that people said to me is you need to keep pushing. So that way you can kind of exercise your brain that way. And I'm going to do another plug here. So I'm going to Disney in a few weeks, and that you would think would be crazy. And the first time I went to Disney after I had a stroke. I meant my husband was concerned that the lights were not sorry, the people the music.

Aimee Silverman 33:21

All of it was I took plenty of breaks as I know at this point that I have to take breaks when I travel. Like usually the first day after I get somewhere I have to sleep the next day, just to get over the flying in an airport, going to TSA getting scanned, getting patted down whatever it might be.

Bill 33:43

So we traveled to the United States on New Year's 20, New Year's Eve 2020 2013. So not even a year after my first two blades. We went to the United States, we went to New York, California, and Hawaii. And I was the same. So I was dreading the entire flight. I had my wife organize the entire thing I hadn't, I

wanted nothing to do with it. And then when we got there, I often said to my wife, I'm probably going to do nothing tomorrow because I'm so wrecked.

Bill 34:24

That you guys go ahead without me and I will just stay here and rest and recover. And I was surprised a couple of times that I was able to wake up in the morning feeling great and say hey, we are back on I am I'm coming with you guys. Everything's fine and well and then fades out during the day. And we went to Disneyland in California. And I feel like even though it was intense and all the things were happening I feel like because of the joyful nature of the bullying and the experience of being somewhere else.

Bill 35:07

I feel like the energy shifted, and the fatigue kind of changed and it wasn't the same. So the idea of missing out then became something enjoyable, then became less of a thing that I focused on because it was a price worth paying to be there.

Aimee Silverman 35:29

Right? So it's interesting that you say that, because people who know me know me, I've I love Disney, like, it's my happy place. And, before my stroke, when we went, it would be I would go from the park opening to, you know, closing, and I would do two parks and one day sometimes, I mean, I was, so Disney Land is a little bit different than Disney World. But so I was crazy. Like, I would want to hit every ride and go through all of it and push through, even if I was exhausted.

Aimee Silverman 36:05

So going after my stroke, it was, I remember, the first time we were there that morning, the first morning, we woke up, I was heartbroken that I just felt like I couldn't do anything. And so, yeah, but to your point, it's such a joyful place. And it's a good change of scenery and the stimulation. I mean, Disney does a great job of sort of allowing people with neuro difficulties to have spots where they can go to be quiet. I mean, I think I was, it was like 90 degrees out one of the days that we were there. And I said to my husband, like I have to take a break, I have to go into air conditioning.

Aimee Silverman 36:49

So we went to their first aid area and walked in and I said, Hey, you know, I just need a quiet space, I need to potentially just cool down and lay down. And so she

gave me one of the rooms to take a quick nap. And really and I was refreshed. And I was ready to go.

Bill 37:07

Yeah, that's a great move. I love that. And there's something about being able to go into a quiet space for me as well, this particular room has turned into a little recording studio, is it soundproof? If I come in here, things completely shift for me, like my whole energy levels change and shift and things settle down, and they come down. And that is the thing that bugs me the most when we're in the house, the TV's on. People are talking and just being themselves. The doors are banging on the cupboards and all that type of stuff.

Bill 37:52

They are the noises that drive me loopy the most of those everyday incidental kind of noises that occur just because people are out and about. And I've found that this room does calm me down neurologically, it's probably a real saving grace because it doesn't matter where I go in my house, it's little so you can't escape the noises even if you go into a room. And when I was at work, I remember going to work. Because after brain surgery, I wasn't able to go back to my paint-my-property maintenance business.

Stroke recovery, family life, and independence

Bill 38:33

For three years. I used to go to work with really good headphones that were noise-canceling. Without any music on I just put them on my head because we were in an office of 30 or 40 people. And There was too much going on for me to cope with monitoring bright lights above my head and 40 people. It just couldn't it wouldn't work to put headphones on to calm me down and make it possible for me to get through a morning's work.

Aimee Silverman 39:15

Yeah, I think you and I had talked about people who are returning to work who have had a stroke could potentially have or maybe the employer can make accommodations for them to have a quiet room or supply, noise-canceling headphones, whatever it might be to help or dim the lights to help them get back

to work.

Bill 39:40

Yeah, the simple things you could just do in one person's office. You wouldn't need to allocate a lot of space just put some soundproofing on the walls, dim the lights put a curtain in there get rid of the desk, and make it possible for somebody to just go in there and sit in a beanbag or Just lie down and write it makes such a massive difference getting a, you know that nap of that power. Recharging a nap is just so important. Yeah. So tell me about the family. You're a busy lady, not only were you at work and overachieving in your family life.

Aimee Silverman 40:24

So family life, I have a daughter and a son who are young adults. My current while at the time, I had the stroke, they were both in school, and I have a dog and my husband. Clearly over the dog, he's running around, so But nowadays, but nowadays, my son is at school, still, my daughter's now in the Boston area she's working. So she's graduated college. And I, yeah, so that's my, and I have a lot of support from my brother, my brother-in-law who lives very close to me.

Aimee Silverman 41:04

And my parents, I've got, I have to say, like, my support system has been fantastic from my family and all my therapists and my friends. So I've been very fortunate. And we're very fortunate in being able to have a private health aide, be with me, during the day when my husband's at work, to take me to my appointments. And to help me with the things that I can't do around the house anymore, like household chores, whatever it might be cooking.

Aimee Silverman 41:37

Although, sorry, my husband would be quick to correct you and tell you that he's the one who does all the cooking because he has to come home from work and unlike you, I am not preparing a meal at this point.

Bill 41:52

Yeah, I hear. And so your deficits your left side, are you able to get onto your feet or not yet?

Aimee Silverman 42:00

I can get onto my feet. So I can walk very short distances without a cane. And I still kind of use I'm not supposed to. So don't tell my PT this. But I still use, my

wheelchair around the house because we have powered floors. So I zip around the kitchen island with the chair. But yeah, if I needed to get up and walk to the refrigerator, I could do that with a cane and not use a chair. And I can also probably walk to the other side of the house, but I don't, so.

Bill 42:38

I feel like telling your PT what would they say. If they found out that you were slacking off?

Aimee Silverman 42:46

She probably would, would tell me she would. She wouldn't be too hard on me, she would give me a little bit of wiggle room, I guess, and say well try not to use the chair, let's say to go to the bedroom. Try to walk as much as you can down the hallway to the bedroom.

Bill 43:08

Yeah. Why do you choose to you? What do you think the underlying reason is, is that you choose to go down the path of the wheelchair instead of walking?

Aimee Silverman 43:19

It's just easier. It's quicker is less thinking. And I know I'll be safe. Because I am home alone a lot during the day. And sleepy because I don't sleep well. And so I'm worried that sometimes if I get up in the middle of the day, to go, let's say walk to the bedroom or whatever it might be that I get and I don't eat well. Like I said, I'll skip meals which also makes me lightheaded. So I know. I'm doing all these great things that I told you about. But I'm also not so they're not perfect lying to myself. Yeah.

Fall prevention and recovery strategies for stroke survivors

Bill 43:58

Yeah, I know what you mean about the safety side of it. I did have a few falls at home when I was at home alone. Because after brain surgery, my left side wasn't working properly. And my legs didn't know it was on the ground. So I'd be sitting on the couch for example, when having a bit of lunch or a cup of tea or something. And I'd go to stand up like I always did in the past.

Bill 44:28

Except when I stood up, I did all the right motions, but my leg didn't know that it was up and my head wasn't receiving the signals. So then the knee would collapse on me the knee would buckle and then I'd fall so I had a few falls that involved getting up off the couch and walking into the kitchen with a plate and a cup and then smashing that on the ground and then injuring myself.

Aimee Silverman 45:00

I have to say getting up off the floor is one of the harder things to do when you're hemiplegic, I guess is the word. Yeah. When you're paralyzed on one side. Yeah. Takes a lot of practice and a lot of energy. So yeah, falling in itself is terrifying because you don't want to bump your head at this point. Yeah. And being alone, it's like, oh, my gosh, yeah.

Bill 45:24

Do you have one of those things around your neck where you can call for help by pressing a button?

Aimee Silverman 45:30

Oh, like those I fell? I can't get up things. Yeah. So you want to know what's interesting. And this is not a positive plug. Not plug. But my husband had gotten me the Apple Watch because he wanted me to have something like this post to be able to detect if you fall. Well, I fell at one point and the watch never went off. So I can't I don't rely on that. I just hope that my watch or my phone or somewhere close by so I can say Hey, Siri, call whatever.

Bill 46:09

Okay, so that's the name she's calling. Cancel.

Aimee Silverman 46:13

Yeah.

Bill 46:15

Okay, cool. So if your watch is on, at least you do have the option of doing that.

Aimee Silverman 46:24

Yeah, presuming that it's or assuming that it's charged, because it does not hold a charge for more than a day, which is another complaint. So I am not endorsing Apple.

Bill 46:37

Okay, good.

Aimee Silverman 46:37

I'm endorsing Disney but not Apple.

Bill 46:40

I was to kind of get them onto the podcast to be my main sponsor. Not anymore.

Aimee Silverman 46:46

Oh, you can edit this out, then?

Bill 46:50

Yeah, no, I'm not editing it out. That was a joy. I do like the fact that it didn't use that you're telling us it didn't work for you. Because some people might be thinking the same way and relying on it. The last thing you'd want is to rely on something that may not respond the way you want it to my father-in-law, who's quite elderly, and he's unable to get up and walk around. He has one of those things, they walk around, and he weighs around his neck.

Bill 47:21

It's like an alarm device that he can press if you need help, for whatever reason, and then somehow calls. He has a speaker next to him. But somehow it calls the device head office. And then they have three phone numbers. My wife, right? What's your sister-in-law's and it goes to them? And then they can respond? If he's not answering sometimes he'll press it when he's on the toilet because he can't get off for whatever reason. And he can't get back to his seat.

Bill 47:57

If he doesn't respond, then we know that we just need to go to the house and attend and see what's up and what he needs. So, I'm not I can't remember what those devices are called. But they are specifically designed for that reason. You wear it around your neck, and then you just press the button. They're not beautiful, encrusted with diamonds.

Aimee Silverman 48:19

No. And actually, it's kind of a joke when people say, Oh, I fell and I can't get up. And it's always like this elderly person who's in the commercials. Yeah, they portray it as Yes. Older people who are falling. Yes. They don't have a balance or

whatever it might be. Yeah.

Bill 48:36

It's a big market for them. But it applies to us as well, people who are going through stroke recovery. So I think what I like about your situation is that I think you've got a lot of recoveries to still do. I think you've got heaps of potential for getting better and better and better. And I don't know what that looks like in five years. But I reckon it looks better than now.

Bill 49:03

And I think as you start to feel better about overcoming the way that you're thinking about the things that are stopping you and the things that could go wrong, as you sort of shift that into a space of how can I improve my mindset around walking more often and not cheating with the wheelchair? How can I improve my mindset around eating better?

Bill 49:33

Once you start shifting in that space, you'll start to gain more momentum, and additional recovery will occur. And then you'll you'll start to build on that grass. Yes. Yeah, I think so. I think it's possible because I've interviewed 70 people now and people are recovering all the time and continuing to recover for ages and ages and it doesn't stop And, you'll be surprised.

Stroke recovery and rehabilitation strategies

Aimee Silverman 50:04

Yeah, I mean, I, I'm, I'm like on Facebook, there's a stroke survivor recovery group where people just talk about, like, there are people on there who make gains 14 years after having a stroke. So it's a continual process. And I recognize that. And I think recovery me is a different definition for somebody else, recovery for me, might be being able to go to the pharmacy and buy a birthday card and come home and not be exhausted, or I might be walking around for the entire day around the house versus using the chair or not using the chair for the entire day, you know? Yeah.

Bill 50:44

That's different.

Aimee Silverman 50:47

It doesn't have to be Brent's means of recovery. Yeah, it doesn't have to be. It doesn't have to be I'm gonna run a marathon, or I'm gonna go shopping at the mall for three hours for holidays or whatever. Yeah.

Bill 51:00

Maybe you can just attend the Boston Marathon and observe it.

Aimee Silverman 51:06

I have done that. So that's not since the stroke. So it's very close.

Bill 51:13

That's the only way that I would observe a marathon. I'd never been involved in that. I couldn't if I wanted to, I can't run the way that I used to run before a stroke. But like, doesn't, right? Participate in that in the way that it used to. But even if I could run this, no way I'd ever run a marathon. Let somebody else do it.

Aimee Silverman 51:39

Yeah, I could walk, maybe, I mean, not walk a marathon. But that would be the only way I would finish a marathon even before the stroke was, is to walk it, so.

Bill 51:54

We've talked about stroke.

Aimee Silverman 51:55

One of the things. I do want to do is get back on the treadmill. So I used to walk a lot outside. And that would be very nice to be able to do again. And so now my PT has gotten me on the treadmill without the hoists and the balloons and all that holds you up. So I'm walking very slowly, but at least I'm walking. And I'd like to at least build up to a light jog at some point so that I could eventually get back to walking outdoors.

Bill 52:29

There you go. That's, that's exactly what I was talking about. Right? So how you see that is probably definitely doable. 100% achievable, how long it takes. That's the other thing. The timeline shouldn't be rigid. It should be flexible so that you don't disappoint yourself if you don't get there. On January 1, 2024. Some people

give themselves deadlines, and then they don't get them and they get down on themselves. And it's tough. So just don't have a deadline or a timeline on it and just focus on it.

Aimee Silverman 53:06

Right, just using the word. Yeah, right.

Bill 53:08

Let's see. Yeah.

Aimee Silverman 53:09

You said that to me?

Bill 53:10

I did. Yeah. Yeah. It's amazing. It's also in chapter one of the book. Now, we've spoken a lot about all the things that you have got at your disposal, or the things that you are doing. Somebody like you, who's got a lot of things at their disposal, disposal, as far as stroke recovery tools, and resources are concerned. Is there something that you're missing? Because I reckon there might be still something kind there that stroke survivors miss, there might be a theme there that develops if I ask enough people, is there anything that you're missing in your stroke recovery?

Aimee Silverman 53:55

So I recently actually looked into a gym an inclusive fitness facility, meaning they serve a clientele that is neurodiverse. So as I said to them, when I met with them, they you know, they asked the typical questions like What are you looking for? What are your goals? And I told them, you know, I'm going to physical therapy. So I'm working on my walking and my gait. But what I think I'm missing is the overall fitness.

Adaptive fitness after a stroke

Aimee Silverman 54:27

I'm not getting cardio work, and I'm not getting core strength work, because I think my recovery would be a lot more difficult if I hadn't been active I wouldn't say active I wasn't a gym rat by any means. But if I hadn't been at least in decent shape, and you know, had some strengthened muscle on my right side. So that is

something that Yeah, I think I'm missing so I'm trying to fill that gap as well. Like a one on one training.

Bill 55:05

Like adaptive gym.

Aimee Silverman 55:08

Yes, it is an adaptive gym. Yes. And the way it works is that you meet with a one-on-one coach. So it's almost like personal training. So it would hold me accountable by meeting with them every week. And I assume or I am hoping that they'll help me with exercises too, you know, keep my right side strong, while also trying to work my left side at the same time. Yeah, I mean, working with my PT when we do strengthening exercises, I'm working on both legs. But again, I'm not doing the overall fitness with the cart because I can't do cardio.

Aimee Silverman 55:49

I mean, I can't run. I mean there I know there are other things to do to work on cardio. Biking. Yeah, recovering from biking. My is I'm just I think is an option. I am on a recumbent cross trainer or a recumbent elliptical machine. But that has been a consistent exercise that I do with my PT. And I think the inclusive fitness gym will incorporate that into my program.

Bill 56:24

I think there's a market for it. Because Abigail Atkinson, who I interviewed on episode 101 Episode was not 100, what a few episodes ago 200. And something 271. Wow, Abigail, is running an adaptive yoga class. And that was cool because she started off being a yoga instructor. And then she had a stroke in her 40s. And then, as a result of that skill that she had, and being excited about kind of getting back to yoga, she adapted it, and now she has a proper adaptive yoga class and a fair amount of offerings in that space.

Bill 57:18

And I think that some people are starting to become aware of the possibilities in adaptive situations, I went to the gym for the first time in many, many years. Because the, because it occurred to me that I could go to the gym and use the weights that are on machines, whatever they call them and so they know free weights, because if I have to use free weights, my left hand won't manage the barbell, or whatever it is that I'm pushing or pulling. Whereas if I'm doing the

machine weights, then the balance is there.

Bill 57:58

Because I don't, it's not a strength that I lack it gives feedback back to the brain from the hand that I like. So my head can't push, it just doesn't know how hard it's pushing. And it also doesn't know when it's tired to tell my brain to stop. So when it tired, when it fatigues it just stops dead. And that's the hard part. It's like trying to manage the weight when the left-hand goes out. And then the balance is lost. And then there's no way of recovering that it's dangerous.

Aimee Silverman 58:30

So I recently ordered a pulley like some to do with my arms where you can pull with your right and it moves passively, I guess passively moves your left as long as your left is, I guess strapped to the handle.

Bill 58:47

That's it. That's it. Right? So. So it's possible. And my, the guy at my gym, his daughter had a stroke when she was three or four. So he kind of understands my needs a little better than most people. So when I went there and said yeah, gave me a program without any free weights. It was a really easy conversation to have. And then an even that, right, I say that but then I also interviewed. I'm going to go onto my website now, recoveryafterstroke.com/episodes.

Bill 59:28

And I'm going to go to one of the very early episodes where I interviewed a lady who had a stroke and she became a hemiplegic. And I think it was one of I'm not sure which side wasn't working. But she decided to become a powerlifter. And oh wow. And as a result of becoming a powerlifter, Her name is Kelly Studebaker. It was episode 106. She does it with one side of her body only. And if you look at the images of Kelly on her Instagram, she is like a powerlifter on one side. And a stroke survivor.

Bill 1:00:17

On the other side, there's a complete separation of the two people you can say completely different with the side that has been trained to within an inch of its life and the other side, that is not participating in training. So people find a way is basically what I'm saying is people are also adapting what they are going to do. And they're finding a way regardless. And it was just fascinating for me to speak

with her.

Bill 1:00:48

Because she just decided that she wasn't going to miss out on going to the gym and doing this stuff no matter what. And she just did rolling in my head. So yeah, that's that. What I'm saying I think, yeah, however you like.

Adaptive sports and overcoming challenges

Aimee Silverman 1:01:04

The world is thinking about including people being inclusive and diverse, right? It's thinking about, going to Disney, one of the things I want to do is make sure I can go on the rides. Yeah. So my therapists have been helping me with, how do I get on this ride. And how am I going to hold on? And, you know, she said, Oh, you're crazy. I can't believe you're gonna go on those roller coasters. And I said, Well, I'm not a crazy person. I'm pretty conservative.

Aimee Silverman 1:01:38

Like, I'm not a thrill seeker. But I told her, I said, but I'm glad I did what I've done so far, like I've gotten skiing, I can't go skiing again. Because if I am well, I shouldn't say I can't. It's not safe for me to necessarily go skiing, because if I fall, I bump my head. And that's not good. Yeah. And I've gotten ziplining before but ziplining is something that can be easily adapted to somebody who may have disabilities because you just have to be in a harness. It's passive and can.

Aimee Silverman 1:02:11

Yes, exactly. So things like that. I mean, skiing, even skiing, I know that you can. I know that there are adaptive ways to ski. And I used to golf and I try, like I'm right-handed so I can swing my club. It's just a matter of keeping the balance of when I shift my weight and twists and turns. So they do have adaptive golf available.

Bill 1:02:38

I interviewed a gentleman called Musa Pam, Episode 48. So many episodes ago, one-handed golf champion in his particular division group or wherever. He decided that he was going to seek out organizations that supported I think, well,

adaptive golf, for example, perhaps I'm not sure if that's the right word. But golf is for people who can only use one arm. And, in America, there's a massive organization that has a huge events calendar for people who want to play golf. Wow, they can only use one.

Aimee Silverman 1:03:26

I mean, I was never good at it, to begin with. So I know I would be Oh, yeah, well, that's available to people. Yeah. It's not about winning. I know what you're saying.

Bill 1:03:39

But yeah, there is that's that's the cool thing about it is there is that's the maybe they never used to be. And, man, it was just so cool to have a chat with him and to listen to his story. And, again, like you, he just rediscovered a couple of things that he loved. And he was able to participate. And that's all he wanted the fact that he became a champion in his particular division or whatever. That's beside the point. But it was getting there getting there was the cool part.

Bill 1:04:12

Yeah. And, when you're playing golf again, so to speak, after something like we've been through with that's a massive achievement. You know, you've done so much you've recovered so well. You've overcome so many things. And look, you're back in a different way. But your back on the golf on the golf green, and it's like brilliant.

Aimee Silverman 1:04:39

Probably just as terrible, yeah.

Bill 1:04:44

You might still be a hack, but it doesn't matter, right? As we come to the end of the episode, I'd like to ask you the questions that I've been starting to ask some people now about the stroke. Okay, journey. And first one is What's the hardest thing about a stroke for you?

Aimee Silverman 1:05:04

The hardest thing is, I think, losing my previous I that I identified with my career for a very long time. And so then when I had to leave work, it was devastating to me. And I didn't want to. So that's been the hardest thing.

Bill 1:05:20

Yeah. So that's why I suppose you would have got a lot out of reading Angie reads book.

Aimee Silverman 1:05:32

Yes. I know that she has an upcoming book about exactly that. I'm looking forward to so.

Bill 1:05:41

About identity loss. And her first book that you read was a book called Invisible Scars, which, by the way, for anyone listening, who wants to get a free PDF version of that, they can just go to recover.

Aimee Silverman 1:05:55

Yeah, I have it right here. I'll just show everybody. Yeah, I bought it because.

Bill 1:06:01

Yeah, that's an amazing.

Aimee Silverman 1:06:06

So I had my health aide, read the first chapter, and I'm gonna get my kids and my husband to read the first time because I think the first chapter is telling. And I just read it. And I was like, Oh, my gosh, that's me. Oh, that makes me feel so better. And I just kept kind of saying that as I was reading it.

Bill 1:06:26

Do you feel like people can relate to you better by reading that chapter?

Aimee Silverman 1:06:32

I think only my health aide has read it at this point. But she thought it was. Wow, that's interesting. And that makes sense why you are the way you are? Yeah.

Bill 1:06:43

So it gives people an insight into our world. Yes, exactly as having to tell them.

Aimee Silverman 1:06:50

Right, because I've always had trouble communicating, not communicating, but describing what it feels like to have a stroke brain. Because, you know, I equated it to, I feel like I'm hungover. Most of the day, between a mild headache, the brain fog, and just the lack of energy to do anything. That's what I kept saying in the beginning, but I think it's more than that.

Bill 1:07:17

Hey, it's more than that. But I know that's the only way to tell people who have never had a stroke. Right? I get it.

Aimee Silverman 1:07:24

Right. But just the sensations on this on my affected side are crazy too.

Bill 1:07:31

What do you experience? I feel numbness, tingling, tightness, burning, cold.

Aimee Silverman 1:07:39

All of it. Yeah. Yep. So especially like when I'm doing a new exercise, let's say you get that muscle soreness, that feels good. But I never know if it's normal, or if it's okay. So yeah.

Bill 1:08:01

My, deficits, left side deficits, happened after brain surgery as a complication of brain surgery. So that was 2014. So next year will be 10 years since then, just past the living November will be the 11, the nine-year mark, and that numbness has been the same. And it's been like that the whole time, it hasn't changed at all. When I get tired, it's worse. And it's more responsive, and it's more annoying, and it's more challenging to deal with and handle. And I gotta get a lot of massages so that my left side is always settled down and balanced and not as tense.

Bill 1:08:45

Because the right side then suffers, the right side gets thrown out of whack because my left side is always out of whack. So I'm always sort of struggling with my muscles. Do you find the therapies work? Well, that's the support you do. Have you been down that path?

Aimee Silverman 1:09:06

So I have not, you know, I have my when I see my OT. So massage the soft tissues that, you know, she says she'll say my muscles tight somewhere or the acupuncturist might poke somewhere and it will be painful. So I think I'm developing a pinched nerve because my left my left side isn't as strong as my right side. And when I sleep, I guess my head must dip a certain way. Or I don't know. Yeah, so I'm sorry, I forgot what your question was.

Bill 1:09:43

Was just wondering about massage whether or not it supports you or whether you have been down that path.

Aimee Silverman 1:09:49

No, but I would actually, I think I think I would love to be loved to get massages regularly because the circulation once the few times that I have had some sort of massage, it's always benefited me. And I don't know, do you need to go to a neuromassage specialist or just any misuse?

Bill 1:10:15

I like the deep tissue, guys, the ones that just destroy your muscles and everything, and they just get places that they're not supposed to go. And it just feels great. After not at the beginning, but after.

Aimee Silverman 1:10:30

Yeah, during it's painful when? Oh, cheese during the massage on my arm?

Bill 1:10:36

Yeah. So as we continue wondering, what has stroke taught you?

Aimee Silverman 1:10:46

Straw has taught me that I have a great support system that I'm more resilient than I thought I was and that I can do things that I didn't think I could do. And yeah, so I think the resiliency and the appreciation for my family have increased a lot.

Bill 1:11:10

Yeah. And finally, if somebody's listening to this, who's just started their journey, what would you like to tell them?

Aimee Silverman 1:11:20

I would probably tell them to get going ASAP and keep moving, use it, or lose it. I'm finding that I should have probably been pushing harder, initially, and you're gonna make a ton of hopefully, progress in the very beginning. And it does slow. And that's okay, you just gotta keep going.

Bill 1:11:46

Yeah. And when you hit the barrier, and you feel like you've gone too far, that's also a good sign, in some instances, because you know where your limit is. And

then you can navigate to next time, get to the limit a little less dramatically, and just take it easier and get there sort of more gently. But then also, you've known that you've got beyond your limit. And that's a good thing too, because that helps to support that. That recovery, sort of improvement and getting better. And that 1%, change and slow.

Bill 1:12:26

But slowly, kind of overcoming your limitations. So if you go over a little bit, just give yourself plenty of time to rest afterwards. It's an absolute pleasure chatting to you. We've done this a couple of times now. And I appreciate you coming into the podcast, and giving me your feedback about it.

Aimee Silverman 1:12:48

Of course. Thank you so much for having me. You know, I've been hesitant. And I hope it does help somebody out there to hear my story.

Bill 1:13:00

Well, it does. Let me share something with you. And I'm going to do a separate video for people on my social so that they can hear this. So I had an email from a lady a week ago, who said that she had a particular weird, strange headache. And she, I'm not sure how, but she kind of realized that it was around her carotid artery. And she Googled some strange carotid artery thing. And you wouldn't believe it. He brought up my interview with one of the people who if their carotid artery dissection and their stroke.

Bill 1:13:41

And she listened to the interview. And she thought that sounded familiar. That's sort of similar. Then she decided to listen to a second interview with another person who I interviewed. And they had the same symptoms. As a result of that. She took herself to the hospital and told them I think I had a carotid artery dissection.

Aimee Silverman 1:14:05

You saved somebody's life.

Bill 1:14:07

I'm not me, this podcast is us. We did it together. And, and she's gone and told them what the problem is. They've checked and sure enough, there was a carotid artery dissection. And it had not yet caused the clot. And it's avoided a stroke for

sure. And potentially save the life. And now she is on the mend. And they are looking at resolving the carotid artery dissection and not dealing with a stroke. So how amazing is that?

Aimee Silverman 1:14:42

Yeah, that's great. Sounds like you should have her as a guest.

Bill 1:14:45

I tried to get around but she's not ready yet. So I'm gonna give a space. And I hit her up again in the new year. But isn't it amazing that that's a possibility now for people to discover things like that because of a Podcast? And, I always sort of said, if our podcast only helps one person, then I've done my job. And there's the person. And now that the job's done, I'm just going to keep doing it because I can't stop now. So thanks for helping me do that.

Aimee Silverman 1:15:20

Of course, yes, then thank you again for having me. And spending time to speak with me. I always find it very beneficial. And I get all sorts of great, you know, tips and encouragement from you. So thank you for doing the podcast. Yeah.

Bill 1:15:37

You're welcome. Thanks, Amy. Thanks for joining us on today's episode, remember, to grab your copy of chapter one of the book *The Unexpected Way the Stroke Became the Best Thing That Happened*, just visit recoveryafterstroke.com/book to take a look around and discover what the book is all about. And then just click the Download free chapter button. As always, to learn more about my guests, including links to their social media and other pages.

Bill 1:16:05

And to download a full transcript of the entire interview, please go to recoveryafterstroke.com/episodes Thank you to everyone who has already left a review, it means a lot to me. It also means that other stroke survivors who are looking for this type of content will find it and that will make their life easier. So it's well, you must leave a review for them, but I appreciate it also if you leave a review for me.

Bill 1:16:37

So go ahead and do that go and leave a five-star review and a few words about what the show means to you on iTunes and Spotify. If you are on YouTube

watching the interview, leave a comment below the video. I love seeing comments I respond to all the comments. Thanks again for being here and listening. I appreciate you see you on the next episode.

Intro 1:17:00

Importantly, we present many podcasts designed to give you an insight and understanding into the experiences of other individuals' opinions and treatments. Protocols discussed during any podcast are the individual's own experience and we do not necessarily share the same opinion nor do we recommend any treatment protocol discussed all content on this website at any linked blog, podcast, or video material controlled by this website or content is created and produced for informational purposes only and is largely based on the personal experience of Bill Gasiamis.

Intro 1:17:30

The content is intended to complement your medical treatment and support healing. It is not intended to be a substitute for professional medical advice and should not be relied on as health advice the information is general and may not be suitable for your personal injuries, circumstances, or health objectives. Do not use our content as a standalone resource to diagnose treat, cure, or prevent any disease for therapeutic purposes or as a substitute for the advice of a health professional.

Intro 1:17:55

Never delay seeking advice or disregard the advice of a medical professional, your doctor, or your rehabilitation program based on our content if you have any questions or concerns about your health or medical condition, please seek guidance from a doctor or other medical professional if you are experiencing a health emergency or think you might be called triple zero if in Australia or your local emergency number immediately for emergency assistance or go to the nearest hospital emergency department medical information changes constantly.

Intro 1:18:21

While we aim to provide current quality information in our content. We did not provide any guarantees and assume no legal liability or responsibility for the accuracy, currency, or completeness of the content. If you choose to rely on any information within our content you do so solely at your own risk. We are careful with the links we provide however third-party links from our website are followed

at your own risk and we are not responsible for any information you find there.