

A New Approach to Occupational Therapy After Stroke - JJ Flentke

JJ Flentke does occupational therapy and is the owner of a Therapy and Wellness Center called Boomerang Therapy Works designed for aging patients and people with neuromuscular disorders which are commonly experienced by people with Parkinson's Disease and Stroke.

Instagram:

www.instagram.com/boomerangtherapyworks/

Laurie K Mischley:

<https://educationismedicine.com/>

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Transcription:

JJ Flentke 0:00

Parkinson's disease and dealing with Parkinson's disease or strokes or any of these brain injuries is you deal with it with exercise and nutrition. And you can't do one without the other and I do as much as I can I teach a class that has a huge nutrition component. We're always talking about antioxidants, probiotics, and as many veggie veggie veggie veggies as you can because that's what helps clean up the brain and decrease the plaquing.

Intro 0:31

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

Introduction

Bill 0:38

Bill from recoveryafterstroke.com This is Episode 104 and my guest today is JJ Flentke. JJ is the owner of Boomerang Therapy a physical therapy and Wellness Center designed for aging patients and people with neuromuscular disorders.

Bill 0:56

JJ is a physical therapist who a Master's degree in public health, health administration, and a doctorate in physical therapy, with an emphasis on the aging process. If you've just found this podcast, you might not know that you can now download a full transcript of this episode from recoveryafterstroke.com. It's perfect if you like to take notes, and highlight sections of the discussion that you found interesting, but just prefer to read rather than listen.

Bill 1:26

Simply go to recoveryafterstroke.com/episodes. Scroll to find the name of the episode you just listened to, click on its link, scroll down until you see the orange download transcript button, click the Download Transcript button, enter your name and email address, and your download will begin.

Bill 1:48

Also when you get to the end of this episode, whether you are watching on YouTube, or listening on your favorite podcast app, please do me a favor and share this episode in other groups. You're hanging out in, this will help someone that's doing it tough at the moment perhaps feel a little better about the journey they are on.

Bill 2:05

Also, if you feel this podcast makes a massive difference to you and the stroke community, please do me a favor and give the show a five-star review on iTunes or wherever you download podcasts. Finally, I have put everything I learned about what is important in stroke recovery into a course called 10 Steps to Brain Health for Stroke Survivors.

Bill 2:27

And module one is now available at recoveryafterstroke.com. This is a course that is included as part of my recovery after stroke coaching program that will help

you overcome fatigue, reduce anxiety, and support your memory amongst other things.

Bill 2:43

This 10-step program has been created to complement any medical interventions and works in conjunction with any other physical therapies that you are undergoing. So if you're a stroke survivor who wants to know how to heal your brain, overcome fatigue, and reduce anxiety, this course is for you.

Bill 2:59

If you feel like there is not enough support after you leave the hospital and you are afraid that your recovery will go backward, then this is where I can help. While you are participating in the course, I will coach you and help you gain clarity on where you are currently in your recovery journey.

Bill 3:16

I'll help you create a picture of where you would like to be in your recovery 12 months from now, and I will coach you to overcome what's stopping you from getting to your goal. Right now anyone interested in learning what recovery, after stroke coaching is about, will get a seven-day free trial to decide if it's the right fit for you.

Boomerang Therapy Works for stroke survivors

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Bill 3:35

The price will be increasing on July 1, 2020, by more than double. So take

advantage of the seven-day free trial now by clicking the link below if you're watching on YouTube, or by going to recoveryafterstroke.com/coaching if you're listening online, and now it's on with the show.

Bill 3:52

JJ Flentke. Welcome to the podcast.

JJ Flentke 3:55

Thanks, Bill. Glad to be here. Thanks for having me.

Bill 3:58

I couldn't resist contacting you because your business being a PT and occupational therapist type of organization is called Boomerang Therapy Works and being an Aussie I automatically related to that.

JJ Flentke 4:13

I think that's fabulous.

Bill 4:15

These are my people.

JJ Flentke 4:17

Yep, yep, yep, yep, yep. So we named it Boomerang because we're helping baby boomers boomerang back to their function. But I have been to Australia and so we do have three or four boomerangs, one that I purchased in Australia back in 1988. That hangs on the wall, so I do love my Aussies.

Bill 4:39

Have you ever thrown the boomerang and managed to get it back?

JJ Flentke 4:42

No, but I did buy a left-handed boomerang because I'm left-handed and I tried a lot but I wasn't very good. I needed someone to teach me I guess.

Bill 4:50

Yeah. I've never been able to do it either. So don't feel bad about that. It's not something that you can just do. You don't. It is a skill that I'm sure people have to develop and speaking about skills that people have to develop. What kind of people end up at Boomerang Therapy Works that you guys help?

JJ Flentke 5:10

We help lots of different types of people. It's interesting, that the practice was built for people with Parkinson's disease because that was my passion, and still is my passion. But as I have hired more and more clinicians, we have grown to have people dealing with sports injuries. We have people dealing with strokes, we have people dealing with MS.

JJ Flentke 5:33

Of course, I bet just 60% of the people who come here have a movement disorder such as Parkinson's disease. And then we have your aches and pains. And so we have a couple of therapists that do the ortho thing. There are two of us, three of us who do neuro patients, and one therapist who specializes in pelvic floor rehab.

Bill 5:54

How does somebody become passionate about helping people recover movement, like what happens there I in my wildest dreams would never have considered working in that space ever in my life and didn't realize the value of it until of course, I needed to learn how to walk again. What happens to people in your field that decide they're going to work in that space?

JJ Flentke 6:21

That's a great question. I was an athlete in college. And I think that's how I got interested in movement. And I was a gymnast. And that's how I got interested in movement and injuries because, of course, gymnasts get hurt all the time. And so that was my interest. So my clinicians here were also athletes and others had different courses. One was a dancer and the other person was a biologist who wanted to get away from just a cell and work with people.

Bill 6:51

So was there any other interest from any other personal experiences where you came across somebody who was impacted by something like Parkinson's, or stroke?

JJ Flentke 7:00

Yeah, so when I first started doing therapy, I did all sports medicine and I did a lot of orthopedics. And then I got into balance. And then my sister was diagnosed with Parkinson's disease. And so that was about 12 or 13 years ago. And so then I switched. And I dove into figuring out what was going on with it. And then the

more I met people with Parkinson's disease, the more I wanted to become a part of what was going on. Because you can function so much better with Parkinson's disease if you're empowered by what you can do instead of what you can't do.

Bill 7:35

Sounds like stroke survivors, a lot of stroke survivors go through that initial process of losing capacity or movement and then getting stuck in Oh my God, I used to be able to do all this kind of stuff. I can't do it now. My identity has shifted way beyond what I was ready for it was way beyond what I was able to adjust and now I can't do all the things I used to do before. Who am I?

JJ Flentke 8:01

Yeah, exactly. And with, people with strokes, it's nice in a way, because the big event happens, and then you start working your way out of it. The problem with Parkinson's disease is you get this shock and awe with the diagnosis. But you're not that functionally changed. And so I got to get them out of the mindset that they're sick and make them realize, look, you can still do this, you can still do this, you can do this. And if we keep doing all these things, you'll keep this bugger from progressing. And so that's the shift of everything we do.

Bill 8:35

So your sister was quite young, to experience.

JJ Flentke 8:39

Yeah, she was 50.

Bill 8:42

Right. If she has the early onset Parkinson's symptoms, what did she start noticing that was different?

JJ Flentke 8:52

She had a tremor in her dominant hand, and she was a bell player, and so she couldn't keep up with the music and that's when she started noticing she had a problem. Unfortunately, the first thing that happened was they thought she had a neck injury. So they had to do neck surgery, which was not the problem. But that's a common thing that I hear in people with Parkinson's disease less now than 15 or 20 years ago. But then, you know, they finally figured out that was the problem.

Bill 9:23

Wow. It's interesting, this assumption that people make about even stroke survivors who present with certain symptoms and are told many times that it's something else. I talk about the lack of awareness of stroke in the community, but there's also in my opinion, a lack of awareness in the professional community of even doctors and people who deal with stroke survivors because on a Saturday or Friday night, is very common for a stroke survivor to present to hospital with something wrong with them. They are symptoms of stroke that they're not aware of, but they are mistaken for being drunk. Because it's a Friday, Saturday night.

JJ Flentke 10:10

Oh, absolutely. And I think there's also on the other end of the spectrum of misconception of how much to push someone with Parkinson's with strokes. I find that, you know, when I went to PT school, so I've been doing this for 27 years. They said, oh, yes, six months, that's when you know what you got. That's a bunch of baloney.

JJ Flentke 10:30

You know, you can keep going and keep going. And we have people who get more function back. And it's been many years since they had their stroke. But we're the first clinic that pushes them hard enough for them to get the return. I think that the hardest part for PT is getting enough visits here in the United States, and for people get pushed hard enough to get their function back.

Bill 10:50

We have a family member who experienced a stroke about six months ago and that person has had a difficult time in rehabilitation and the main goal seemed to be to just get him out of there. And the excuse that they kept using them was he's not recovering quick enough, he's not meeting the criteria, and therefore we need to get him out of here.

Bill 11:18

And it seemed to be extremely difficult to convince them to keep him in there and to keep persisting with this guy. So eventually, he was with a lot of fuss and difficult negotiations. He was released from therapy with very little progress. He was sent home for his daughter, who is not a personal trainer and doesn't know anything about rehabilitating somebody who's recovering from a stroke. She has no experience in that area, to become responsible for helping him recover.

JJ Flentke 11:58

Sorry, my dog, just found me. This is Harper. She's our clinic dog she found me. She can hear me she came running in here sorry. This is Harper Lee.

Bill 12:15

And this person who is now responsible for her dad, and his therapy results has been able to achieve way more than they did in six months. rehabilitation.

JJ Flentke 12:30

Yeah, that's the thing. I think. That's my biggest frustration it's why we purchased some of the equipment we purchased and all that kind of stuff is basically to get someone so we could push them longer as hard as we can. And I think that's key. And I think sometimes kids can push their parents better than the clinicians. Can you know what I mean?

Bill 12:52

Yeah, right. So I had a look at your Instagram and that was what prompted me to get in touch so we can have a chat about your approach because your approach seems very different from what I did when I was in therapy almost five years ago now. And my therapy was boring. I could say to you that it was simply boring. And it was therapy done to me, rather than me actively taking part in therapy is how I felt. You guys don't do that you guys have the person who's involved in recovery, really recovering. Being involved in their recovery. Have you moved to this type of therapy recently? Or has that been always the way that you guys have done things?

A different kind of approach to occupational therapy after stroke

JJ Flentke 13:48

Oh, so Boomerang is only three years old. So this clinic is relatively young. The reason why I have always been that way is that I have been labeled by clinicians and administrators as having too much fun too much flippancy, and too much joy. I've been told all those things. I think it's ridiculous. So we developed Boomerang and we bring joy here and we bring a healthy atmosphere.

JJ Flentke 14:21

I mean, we give out popsicles when people leave, because they worked hard,

right? And when they come in, we're like, okay, so I want to do this. What do you want to do? What's the goal? What do you want to be able to do today that you can and then we work on it? So if it's, I want to be able to go garden we set it up on 3d flooring, do you know what I mean? We put them in a harness we get going.

Bill 14:44

So why do you think it's important to have fun at therapy?

JJ Flentke 14:50

It drops your cortisol levels so that you have less stress in your life. It helps your neuroplasticity. If you make the activity in my world called statiable, which I think is a weird word, it makes it all work better. Yeah, all those things. I agree. You betcha. I don't understand why medical clinicians aren't doing more of this is what I don't understand. If you see the inside of my clinic? Like, if this is we're in an old warehouse, okay. There are huge windows, we want lights, you know, I mean, like, there are certain things that are part of this, that was strategically planned because you got to bring some hope to everything.

Bill 15:39

I did not expect you and I'm so pleased that you did. I did not expect you to say drops cortisol when you are happy and therefore, how does that impact the muscles and the body people don't understand why meditation is really important and why being happy and laughing is important. So how does that dropping of cortisol benefit the body?

JJ Flentke 16:03

I think it improves neuroplasticity. So it makes your brain more malleable to change. But cortisol, when you have higher levels of cortisol, you feel pain a lot quicker. And so the lower the cortisol, the better for that goes with Parkinson's patients, the cortisol is going to not help your movement because you're already not having enough dopamine, which is another neurotransmitter. So there are lots of reasons that it's just important to not have things muddying the waters so to speak.

Bill 16:33

Wow. So when you don't have enough dopamine, even though that gets in the way of your physical rehabilitation?

JJ Flentke 16:41

Oh, yeah, not enough dopamine, that's what Parkinson's disease is, which is a lack of dopamine. So if you had too much dopamine, you have schizophrenia and if you have not enough dopamine, I mean, you have Parkinson's disease.

Bill 16:52

Wow, schizophrenia is not usually experienced physically. But Parkinson's is experienced physically.

JJ Flentke 17:02

Right. But to be honest with you Bill, the issues, and then I'm thinking we want to get into this in this podcast, the big issues with Parkinson's disease aren't just movement disorders. There are so many non-movement issues with Parkinson's disease that are far more challenging. I mean, the depression, the apathy, the anxiety, the constipation, you know what I mean? All those things can be almost harder for the person with Parkinson's disease than the shuffling gait the tremors or the balance issues.

Bill 17:30

Well, that just sounds like a stroke survivor. To me, that doesn't sound any different.

JJ Flentke 17:34

It's very similar because these are all problems that happen in the brain. So when people ask what we do we treat people who have a problem in their brain and then we try to make them help them move better. Whether it's a head injury or a stroke or whatever,

Bill 17:50

yeah, moving better is going to help motility in the gut and it's going to help them be able to poo better and go to the toilet better. So that's That's gonna help there. Because I'm not clinically trained and don't have medical training in it of any sort. It's very difficult for me to have these conversations on my own. That's why I love having them with people like you.

Bill 18:12

But you're not the usual PT you're not the usual therapist because the usual people don't know a thing about cortisol and don't know a thing about motility issues and how that impacts people in their recovery. And how depression is a bigger issue for some stroke survivors, than the fact that they can't move their

arm and how you need to take an approach that supports them to be less depressed so that you can get better results and when you get better results in helping them move. They become less depressed.

JJ Flentke 18:46

Absolutely. I agree 100%

Bill 18:51

I knew I needed to contact you and I think that what you're doing is amazing because other people in your industry, are giving you a hard time for bringing joy and happiness and light and fun into therapy. It just goes to show you how far we have to move from old ways of doing things and embrace these new ways of doing things that just make common sense. However, are so embedded in the process and they're so embedded in theoretical garbage that came from a bygone era. Unfortunately, people who are teaching the young generation are still teaching from a mindset that is 20 30 40 years old.

JJ Flentke 19:38

Yeah, that could very well be true. There are other people like me in the United States. I don't know. I'm trying to think I don't. Oh, there is a couple in Australia too. I've listened to some great podcasts. I can't remember their names. I do apologize. But there are other people like me in the United States and we collaborate because we're getting the word out as best we can. Do you know what I mean? It's a challenge. I try to help one person at a time versus more of an educational approach. Do you know what I mean? It's just the way I work best.

Bill 20:12

So I say that I can say real broad general comments like that because that's what I experienced most of the time. And I'm always talking to people about their recovery and the way that they would prefer to recover. And a lot of the time that's not taken into consideration. When I was in therapy, there was only one maybe two people who asked me how I wanted to recover and what specifically I wanted to achieve.

Bill 20:39

And, that changed the game for me because I was given one option at the beginning was that I could use the swimming pool to learn how to walk again because then I wasn't afraid of falling. After all, they didn't have all the harnesses

that you guys have. And that made it safe for me. Then another person who made a massive difference to me asked me, what else I wanted to achieve when I was in outpatient rehab about six months after surgery.

Bill 21:08

And I said to him, I want to be able to run across the road. And so that I can feel safe walking across the road if there's a car coming, and I need to get off. And that's not to do a marathon or anything like that. I had some mindset issues around running, thinking that I was not running correctly because the feedback I was getting on my left leg was way different than it used to be. I thought I wasn't running correctly, and I was afraid of tripping over and falling.

JJ Flentke 21:36

And that's a great thing. Like we would take people out front, because there's just run this one street, that's not too bad. And we would take them across the street because I've had people who that's their thing. I want to be able to cross the street at a light. And I'm afraid I won't make it in time. Well, let's go practice and figure it out.

Intro 21:52

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 go 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, because you've never had a stroke before, you probably don't know what questions to ask.

Intro 22:16

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. These seven questions were 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.

JJ Flentke 23:04

Yeah, I we've had a spinal cord injury we put in the harness, we played tennis

because he wanted to play tennis. Now, he couldn't develop enough skills to get on the tennis court and be competitive. But we figured out all kinds of ways for him to hold the racket so he could play with his grandson a little bit and it was good. So, you know, there's all this Yeah, we have a guy right now out there who has an amputation and the things that he's doing today, I don't think he expected this close since the amputation.

Bill 23:34

That changes people's lives and then increases happiness and then increases serotonin and dopamine and increases all those things that decrease cortisol. That makes them happier and gives them a lifestyle that is normal and able to be inclusive and able to be part of life.

JJ Flentke 23:54

Absolutely. I agree. 110% Bill.

Like a puppet



Bill 23:57

Yeah. Now, looking at your Instagram and for people that are watching and listening, there'll be links to your Instagram so that they can go and see, some of your patients look like puppets because they are attached to this thing that is on the ceiling, and they are on a floor that moves. And that floor makes them look like they're completely out of control. They look like a puppet.

JJ Flentke 24:25

They do like a puppet.

Bill 24:26

Tell me about those devices and how they have made a big difference in people in their recovery.

JJ Flentke 24:34

So we have four harnesses, and initially, we had a rehab harness like the one on your website, but the one that I had only wrapped around the waist, and I'm not a very big person, so when I put it on, it would just ride up and I hated it. So we went to Home Depot, which is a big hardware store here and we bought roofing harnesses, and they work better.

JJ Flentke 24:57

And so I got in it and Ari you'll see Ari in a lot of the pictures and he's like six feet. And we all got him as hard as we could. And we Peter Pan is what we call it, we flew in them to make sure they were safe and they were 10 times better. We just had to get out of our heads a little bit. And so we use those harnesses, whether just because then it frees up our hands and we can do other things and the person feels safe and you know, we can show them that they can do a lot.

JJ Flentke 25:26

Whether the floor is moving like we bought the equipment we bought, we shipped in and this kind of took us all 18 months to make this happen. It was really expensive. And B it came from Milan, Italy. And there isn't any of this in the United States. There's Austin then there's a couple of places and a place in Connecticut. And so the treadmill goes up and down and side to side, and you're not going to find that anywhere else in the United States.

JJ Flentke 25:54

So putting someone in a harness and letting them walk on so that they can feel like they're hiking. It's great. Or they can feel like, you know, this is what's going to happen if I step over a curb and I lose my balance oh yeah, I caught my balance or, you know, Ari's good at teaching people how to turn on it, you know, we can be like those, uh, have you seen those videos where people dance on treadmills?

JJ Flentke 26:17

I keep thinking we're going to make one of those.

Bill 26:22

So what you're saying is, just giving people the opportunity to know what it's like

to almost lose your balance and then get it. So what you're doing is you're giving them a reference point for when they're out in the real world. This is not something that they've never done before you've fallen before. This is how you recovered it. And this is how you fell and this is how you protected yourself, etc.

JJ Flentke 26:43

Yeah, yeah, cuz we're all gonna trip over stuff, right? I mean, I still trip over things, and I'm a perfectly capable 50-year-old right, but you know what? I catch myself.

Bill 26:52

Yeah, I love it. This is great. Because this reference point is what's going to make a difference for people. It's knowing that they've been here before. And it's not unfamiliar unless fear creeps in and more courage kicks in, and then they could go through this process and not be afraid of falling and then adjust their gait to walk more cautiously, which then impacts their life overall in the future,

JJ Flentke 27:17

Right and makes their balance worse, correct? That's good. Yeah. And then getting them back into a sport that they like helps them stay active forever.

Bill 27:27

Yeah, I love it. So do you guys keep statistics or data about the type of results that you get? And how do you use that information to inform your path forward?

JJ Flentke 27:40

So that's a great question. And we're kind of in the infancy scale of that, ever since I opened up I've done an outcome form on everybody. And so there's some PT data that we take. The hard thing with PT testing is it's not always it's sometimes a little too easy, to be honest with you, for people who are like high-level stroke patients or high-level Parkinson's patients.

JJ Flentke 28:07

So we're developing a test. That's an old football test. One of our clinicians I said was a biologist and a former we're working on having her look at that data, but we're still in the infancy of getting it up and going as the COVID thing is slowing us down. Right. So our goal is to get this stuff out there but right now Instagram is the easiest way for us to get this get it out there. We're not doing the research yet, but it's definitely on our path.

Bill 28:36

Awesome, now how old is your youngest client, and how old is your oldest client?

JJ Flentke 28:45

Ah, my oldest client, I don't know. 95-ish will say give or take. And my youngest is I'd say I think he's 14 and he has a congenital issue and that's kind of the youngest we go here. We're not getting pediatric clinicians. Um, so but that's kind of what we do. I think 14 I think so. Yeah.

Bill 29:09

And the 95-year-old, that's what are they hoping to achieve?

JJ Flentke 29:17

They'd like to stay out of the assisted living facility.

Bill 29:19

That's a pretty good motivation.

JJ Flentke 29:23

Yeah, I think it is the one person I'm thinking of that's their motivation. And so that's a big deal. For we have a second clinic it's actually in an assisted living or senior center. Their goal is usually to stay on the independent side and not have to move to the assisted side. Sometimes their goal is to walk down the aisle with their grandson for their wedding, or perhaps it's making sure that they can get in and out of the car so that they can go out with their daughter every Sunday afternoon for dinner or whatever that may be.

The nutrition factor for stroke recovery



Bill 29:56

Now, I know you guys are not likely to be trained. Professional nutritionists. However, how important is nutrition in recovering a brain after injury or drinking Parkinson's recovery?

JJ Flentke 30:11

Huge so in the state of Washington so we're in the state of Washington. We are allowed as physical therapists to discuss nutrition if it's something you can find on the internet. With that, we talk about nutrition especially when I tell people about Parkinson's disease and dealing with Parkinson's disease or strokes or any of these brain injuries if you deal with it with exercise and nutrition.

JJ Flentke 30:40

And you can't do one without the other and I do as much as I can I teach a class that has a huge nutrition component. We're always talking about antioxidants, probiotics, as many veggie, veggie, veggie veggie veggies as you can, because that's what helps clean up the brain and decrease the plaquing all those kinds of things is key.

JJ Flentke 31:00

If you can stay away from red meat, great fish great, you know those kinds of things. In the land of Parkinson's disease, there's a lot of controversy over dairy products. So we talked about that. Red wine is better than beer liquor. So if you're going to partake in that, keeping them to red wine if they can, and if not beer versus whiskey, whatever, you know what I mean, those kinds of things seem to be better.

JJ Flentke 31:26

There's a phenomenal nutritionist slash Ph.D. up in Seattle who's done some nice longitudinal studies that look at people with Parkinson's disease and what have they eaten. And what have they done activity level and what have they done that makes either their disease process go better or get worse? And so we look at those correlations because I like that kind of data. After all, it's helpful to see what people are doing that helps them or hinders them.

Bill 31:53

Do you know the name of that person?

JJ Flentke 31:55

Yeah, her name is Laurie Mischley. And she's phenomenal.

Bill 32:05

All right, we'll look into getting the correct details for that and see if we can just link to it.

JJ Flentke 32:11

Yeah, she's great.

Bill 32:13

Yeah. So that's important. That's, again, one of the things that there seems to be so much happening, especially in the rehab space that I've been involved in. And the people that I know that have been to rehab is that there's no real discussion about nutrition, and you kind of tend to be fed hospital food, especially when you're in there full time.

JJ Flentke 32:36

Isn't that crazy? Like what is that about it's terrible, and it's not It's like feeding our kids crap. Why do we do that?

Bill 32:45

Because there is some ridiculous idea that it costs less or it's easier to do or I don't know what, but the amount of highly processed carbs and sugar that I was being fed daily while I was in hospital and rehab, I had to ask mom and dad to bring me food because I wasn't going to eat that stuff. Because it was going to take me longer to recover because I was eating that food, which was going to cost them more because I was going to be in rehab more.

JJ Flentke 33:16

I agree. That's one of my pet peeves. And what's funny about that is my business partner and wife revamped a school system in Arizona. So she and then proved on paper that you could do that and do it cheaper. So kills me when I walk into the hospital and they're feeding people garbage when it's not necessary.

Bill 33:36

Yeah. I just love your very well-rounded idea of what therapy of a brain is because it's not getting people into a place and making them move a lot. There's so much more, and I reckon by through 10 or 15 more questions about other topics that are not related, you would have considered them and that's kind of how I felt when I saw your Instagram, I kind of felt these guys are a little bit more switched on than your regular therapist.

Bill 34:06

And I think that you're kind of work is an example for other people to follow about how to go about rehabilitating somebody and how to include the patient in the process the entire time. That's what we need. We need to be included. not treated as another bloody person who needs to fix something.

JJ Flentke 34:27

You're just the stroke patient. Come on, you're just the old stroke patient. That's your name. No, I hate that stuff. I agree. Thank you very much for noticing.

Bill 34:36

Did it make it better for you to in your work? Did you become a better PT or a better physical therapist? When did you discover that your sister was dealing with Parkinson's? Did it somehow change the kind of therapist that you were?

JJ Flentke 34:55

I don't that's a really tough question. I'm not sure it's That that was a turning point. As far as that goes, it made me more interested and take my interest in the brain and balance because I was developing a balanced program. And I did it more with PT. And it got me out of being an administrator. So I was running a home health company at the time. So I decided to go back into seeing patients, but I don't remember how it all played out. Because I'm always doing a million things. So I don't know. But maybe.

Bill 35:25

Just from a motivational point of view. It's somebody close to you, who you love who you want to help. And I know that you, really want to help all your clients and your patients, but still, you know that thing to help your sister seems like it's a really big cause.

JJ Flentke 35:39

Yep. And It was funny in the beginning because she would call me up and say, Have you heard of this? And I'd be checking it out. So it was fun. Yeah. Or sort of fun, you know, in a weird sort of, odd way.

Bill 35:51

It was a different kind of connection, a different purpose to your relationship.

JJ Flentke 35:55

Oh, absolutely. Absolutely.

Bill 35:58

Well, I just love what you do, thank you so much for agreeing to be on the podcast, I appreciate the work that you do, the ideas that you have, and the fact that you're uniquely doing this. Believe it or not, I know there are a few people in the United States, but the United States is massive and few and far between.

Bill 36:20

And Australia is probably a little bit behind where you guys are as far as what I think needs to be happening and rehabilitation and rehabilitation shouldn't be boring. It shouldn't be non-inclusive. It shouldn't be about just learning how to walk again, it should be about all those other things that we've touched on today. So well done for setting an amazing example and for having an awesome practice. If somebody wants to get in touch with you. What's the best way?

JJ Flentke 36:53

I would say either our phone number which is 360-258-1637 or Send us an email at boomerangbig@gmail.com.

Bill 37:07

Fabulous JJ thank you for being on the podcast.

Intro 37:10

To discover how to support your recovery after a stroke go to

recoveryafterstroke.com