

A Case For More Physical Therapy After Stroke - Ann Sertel and Molly Hopkins

Unlocking Recovery: Physical Therapy After Stroke for Optimal Healing

Introduction

Embark on a transformative journey towards recovery with our in-depth guide on "Physical Therapy After Stroke." Discover how targeted physical therapy interventions can significantly enhance the healing process, promoting strength, coordination, and mobility after a stroke.

The Role of Physical Therapy in Post-Stroke Recovery

Importance of Early Physical Intervention

Unlock the potential for optimal recovery by prioritizing early physical therapy. Studies consistently show that swift initiation of physical interventions after a stroke correlates with improved outcomes, emphasizing the critical role of timely rehabilitation.

Customized Physical Rehabilitation Plans

Experience a tailored approach to physical recovery. Our team of seasoned professionals conducts detailed assessments, pinpointing specific areas of impairment. From motor skills to mobility, our personalized plans address individual needs, ensuring a focused and effective recovery journey.

Comprehensive Physical Rehabilitation Strategies

Targeted Exercises for Rebuilding

Dive into our comprehensive physical therapy strategies, incorporating evidence-based exercises that rebuild strength and coordination. From range-of-motion exercises to resistance training, our approach aims to restore functionality, empowering stroke survivors to regain control.

Advanced Equipment for Accelerated Healing

Explore the integration of cutting-edge equipment in our physical therapy programs. From adaptive devices to specialized rehabilitation tools, our commitment to utilizing the latest advancements ensures an accelerated healing process, setting the stage for a quicker return to daily activities.

The Impact of Physical Therapy on Overall Well-being

Restoring Independence Through Mobility

Witness the transformative impact of physical therapy on mobility. By targeting specific motor skills, our rehabilitation programs facilitate a return to independence, allowing stroke survivors to navigate daily life with increased confidence and autonomy.

Building Confidence Through Strength

Experience the confidence-boosting effects of rebuilding strength. Our physical therapy interventions not only focus on physical recovery but also contribute to the psychological well-being of stroke survivors, fostering a positive mindset for the journey ahead.

Conclusion

In conclusion, our guide on “Physical Therapy After Stroke” is your key to unlocking a comprehensive and effective recovery journey. By emphasizing the importance of early intervention, personalized plans, and cutting-edge strategies,

we empower stroke survivors to reclaim their physical well-being and stride confidently toward a healthier future. Dive into our expert approach, and let the transformative power of physical therapy pave the way to optimal healing.

The Interview

After a stroke, many elderly stroke survivors do not get enough physical therapy, this interview proves that more physical therapy improves recovery.

Highlights:

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Transcript:

Bill Gasiamis 0:00

Hello, everyone, and thank you for tuning in again to another episode of the Recovery after Stroke podcast. My new book about stroke recovery is called *The Unexpected Way That a Stroke Became the Best Thing That Happened* 10 Tools for Recovery and Personal Transformation, and is now available to purchase on Amazon.

Bill Gasiamis 0:20

The book tells the story of 10 stroke survivors and the steps they took that got them to the stage in their recovery, where from a personal growth perspective, stroke transformed into one of the moments that could be reflected on as being filled with many opportunities for growth and personal transformation, and eventually led them to be able to say that stroke was the best thing that happened to them.

Introduction - Ann Sertel and Molly Hopkins

Bill Gasiamis 0:45

To learn more about my book, you can go to recoveryafterstroke.com/book. This is episode 292. And in a slight change of format, and to bring home the need for additional physical therapy beyond what is prescribed by doctors after a stroke when patients leave the hospital.

Bill Gasiamis 1:05

I am joined by Answer Tell a stroke survivor who was 70 in 2020, when she experienced a hemorrhagic stroke, and her physical therapist, Molly Hopkins, who has been working closely with and helping her improve her deficits, despite what doctors were telling Anne when she was being charged from the hospital, and that she shouldn't expect much recovery after discharge. And SoTell. And Molly Hopkins, welcome to the podcast.

Ann Sertel 1:38

Thank you.

Molly Hopkins 1:39

Thanks.

Bill Gasiamis 1:41

So this is a little bit of a different version of the podcast. And the reason is that the two of you are intimately connected, not only in recovery, but also in a former part of life, and you came together and it was meant to be. And I'll leave it at that for now. But first, if I could ask you, Ann can you tell us a little bit about what happened to you?

Ann Sertel 2:14

I don't remember what happened to me. So I have to tell you what my husband has told me happened to me.

Bill Gasiamis 2:21

Is he a reliable source?

Ann Sertel 2:23

Oh, he's very reliable. Yes. So on July 6, 2020. Nick had, no I had gotten up is that right Nick? Nick got up and then I got up. But Nick didn't hear me moving around in the house. So he started looking for me. And he found me in our guest bathroom on the floor, wedged in between the toilet and the bathtub. And he tried to get me up, and he couldn't get me up. And I was just babbling.

Bill Gasiamis 3:05

That's not the first time I've heard of somebody experiencing a stroke and then being lodged between the toilet and a wall or between the toilet and the bathtub. That's not uncommon. And do you have any recollection as to anything that led up to that? Do you recall being in the toilet or getting to the toilet or anything like that?

Thalamic hemorrhagic stroke caused by high blood pressure

Ann Sertel 3:30

No, I don't remember getting out of bed or anything.

Bill Gasiamis 3:37

And what kind of stroke did you have?

Ann Sertel 3:40

I hope I say this right, Thalamic hemorrhagic is that right? Molly?

Molly Hopkins 3:48

It's a Thalamic hemorrhagic stroke.

Bill Gasiamis 3:53

Okay, so you've had a bleed into the brain? And was there an underlying cause? Do you know did anybody got to tell you what the underlying cause was? Why did the blood vessel burst?

Ann Sertel 4:06

High blood pressure.

Bill Gasiamis 4:09

High blood pressure that you were aware of or unaware of?

Ann Sertel 4:14

I knew it was high, but not that high. I knew it was Elevate, I guess elevated is a better word.

Bill Gasiamis 4:21

Right. And were you taking medication at the time?

Ann Sertel 4:24

I was not.

Bill Gasiamis 4:25

Is that because you're being naughty, or it's because it wasn't prescribed?

Ann Sertel 4:30

Wasn't prescribed.

Bill Gasiamis 4:33

So it was kind of something that you're aware of, you're being monitored, but it wasn't something that anyone thought was serious at that stage. Is that right? Correct. Okay. And after you have found what's how does the story go? What ended up happening? How did you end up in hospital?

Ann Sertel 4:56

Well, Nick found me and then he called 911 and they came to our home and took me to Akron, Akron City Hospital. And we live in an area that has a lot of medical facilities. And I said to the driver, why don't you just take me to one of these places? And he said, Oh, no, ma'am, you need level one trauma, you are in bad shape.

Ann Sertel 5:28

So, they took me to the hospital. And then when I got there, the neurosurgeon and his team, were there already. So we didn't waste any time. And about an hour and a half after Nick found me, I was on the operating table.

Bill Gasiamis 5:49

And what did they do? Did they go through your head? Or did they go through another part?

Ann Sertel 5:55

Through my skull, I have a permanent shunt in my skull with a lever, and the

fluid, or the blood, or whatever needs to be drained, drains down through my stomach.

Bill Gasiamis 6:12

Okay. So the surgery went well. And then you've come out of surgery and you are lacking some of your previous abilities. Were you suffering from some deficits?

Ann Sertel 6:28

Yes. Oh, Nick tells me it took three surgeries to get this shunt in me and get it draining. Because at first, they couldn't drain it fast enough. Is that right, Nick? And so when, when the surgery was over with I could talk I've always been able to talk, but I couldn't walk. I was paralyzed on my left side, completely paralyzed.

Ann Sertel 7:12

That's the gist of it.

Bill Gasiamis 7:14

So you needed rehabilitation?

Ann Sertel 7:17

Oh, gosh, yes. Lots of it.

Bill Gasiamis 7:21

And you ended up in a facility? How did you end up in the facility you were in?

Ann Sertel 7:26

Well, first I had at-home therapy. And I had physical, cognitive, and occupational therapy. And they would come two to three times a week for like, 20 minutes or so and work with me. But after I don't know, maybe a month or so. They said they couldn't help me anymore and that I needed to go to outpatient therapy.

Ann Sertel 7:59

So we have a medical center just down at the end of our street, which has physical therapy. And so I started going there. Again, I went two to three times a week, 20 minutes each.

Ann Sertel 8:14

They worked with me, on the same three, cognitive, physical, and what's other speech therapy. And I worked with them, it seems like a long time that I went over a year since I did that.

Bill Gasiamis 8:35

When was the stroke do you recall when the stroke was?

Ann Sertel 8:39

July 6 2020.

Bill Gasiamis 8:43

And did you have an awareness of how much time it was going to take for you to get better or to rehabilitate? Did you have any idea?

Ann Sertel 8:58

I did not know and I've often thought about that. I wondered if I would be better off knowing was going to take so long to get some kind of recovery or not. I don't know which one would be better.

Bill Gasiamis 9:12

So you couldn't walk alone? You couldn't use your arm?

Ann Sertel 9:18

Correct, Yeah, I had. I had every medical device you could imagine I had a walker, cane, wheelchair, everything.

Memory issues for Ann Sertel

Bill Gasiamis 9:29

Yep. And do you have some trouble now with your memory?

Ann Sertel 9:34

Yes. Like I don't remember very hardly anything about that whole situation. And sometimes I have a hard time now when somebody tells me something. I don't remember it.

Bill Gasiamis 9:50

You don't remember that something occurred and they're telling you and they're filling in the gaps for you.

Ann Sertel 9:57

Yes, that's right. That's a good way to include it.

Bill Gasiamis 10:00

Yeah, I can relate to that. And somewhere in this picture, Molly, who's here also comes in, and then she starts to get involved in your recovery. Is that correct?

Ann Sertel 10:16

Yes, it is.

Bill Gasiamis 10:18

All right.

Ann Sertel 10:18

Let's watch. It's been a wonderful help. Wonderful.

Bill Gasiamis 10:22

I do hear that. I do hear that. And she's blushing now. So let's see if we can get her to tell us how she has been wonderful. But before she tells us that, Molly, tell me a little bit about what you do, where you work, how you came to be at the organization that you're at.

Molly Hopkins 10:38

I'm an athletic trainer at Wittenberg University in the sports medicine department. I came to Wit 12 years ago, and I work with a variety of different sports, women's soccer, women's volleyball, men's lacrosse, and men's volleyball. And essentially, also, I'm an adjunct faculty member in the Exercise Science office in our lab that I'm in currently. So yeah, we have a wide variety of tools we have at our disposal.

Bill Gasiamis 11:10

And what's the point of your role? Now, I'm asking bluntly, because I know nothing about like what a sports therapist does, what's the point of that specific specialty?

Molly Hopkins 11:25

We're like an offshoot of physical therapists or physiotherapists in European countries, but athletic trainers work primarily with athletes. There are other offshoots, but that's our job. We take care of prevention, rehabilitation, you name it, acute care, chronic care, trauma, I do a lot of trauma. I deal with general medicine and primary care.

Bill Gasiamis 11:57

Trauma as a result of sports injuries happened on the field?

Molly Hopkins 12:02

correct that somebody essentially gets severely hurt, fractured bones, and things like that. Fine boarding, head injuries, I deal with all neurological stuff, we deal with it, too.

Bill Gasiamis 12:17

So the point of it is to either rehabilitate people get them healthier, or also get them back on the field.

Molly Hopkins 12:25

Yeah, we are pretty much what we always call surrounds the point guards to sports medicine, you get hurt, we're going to see you the first day and we're gonna be with you until you return to the field.

Bill Gasiamis 12:37

Okay, so your awareness about the way that the body moves, and what each muscle is supposed to do, and how it's supposed to engage is important in that, I suppose in the diagnosis, trying to understand what the person's lacking, and then also trying to understand how to influence the recovery so that the movement happens the way that it used to happen before, right? Is that accurate? Yeah,

Molly Hopkins 13:09

I teach biomechanics classes. And I analyzed gates, people walking in people's running, I watched them move, I changed their shoes to make them run faster, better. We use ground reaction forces.

Molly Hopkins 13:29

We have cool tools here that we utilize to look at people's walking gait and why they're not using their muscles appropriately. And there are muscle imbalances. I mean, you name it, we can do it. We can look at it. We can look at ultrasounds, we look at MRIs, and we try to piece together the story, essentially.

Bill Gasiamis 13:55

That's, yeah, go ahead. Alright, so I was gonna say like, so it sounds like what you do. Biomechanics is something that perhaps I've not yet come across in

rehabilitation for people after a stroke. And that is interesting to me. Right. So I imagined that there would have been a little bit of biomechanics in the training of my occupational therapists, and my physical therapists when I went to see them.

Bill Gasiamis 14:29

But as far as specializing in that space, I'm not sure that they were doing that. I do remember my outpatient therapist walking when I had to learn how to walk again said to be going to take a walk so that he could pay attention to me and notice how I was walking and then he also video-dived for me so that I could look back at it.

Bill Gasiamis 14:57

Because I assumed that my left side felt weird, I assumed that I was also walking strangely. And because I thought I was walking Strangely, I was afraid to run, because I thought that I would cause an injury. And I might land on my foot incorrectly, etc.

Biomechanics and physical therapy after stroke

Bill Gasiamis 15:20

And he proved to me very quickly, that I was actually walking and running quite well, although I wasn't, I wouldn't call it a run, I'd call it a jog more than anything. And I wanted to learn how to run across the road in case there was a car coming in, I needed to get to the other side, that's as much running as I wanted to do is biomechanics, from your understanding something that is focused on in the traditional physical therapy, occupational therapy rehabilitation space.

Molly Hopkins 15:51

So what I've learned through this whole process of the end is sports medicine should be utilized in stroke patients more often breaking down people as they come out of strokes and sending them to traditional physical therapy, or what I call neuro rehab, because this is a neurological injury.

Molly Hopkins 16:18

There are so many things going on there trying to address you getting up getting out of bed, and looking at just the day-to-day function. But once you start to

essentially achieve day-to-day function, now we have to look at another level. And sometimes I feel like, that's when they want to discharge right away. You could achieve, you've achieved all these grills, you can get out of bed, you can brush your teeth, you can. Yeah. And so they're done with you. So they want to discharge you.

Bill Gasiamis 16:47

The bare minimum and the plateau. And do you feel like the goals that are set, are set quite low, the bar is quite low.

Molly Hopkins 17:03

I was shocked, I went to three advanced physical therapy sessions. And they were like, Oh, she's doing so good. And like she is yes. I was like, we are just scratching the surface friends. We've got way more to achieve. Her gait was I don't know how many videos of her gait I have, I will miss 30 videos of her gait from where we started to where she is now.

Molly Hopkins 17:31

And you know, I'm still picking her apart. Because I don't like it. And I don't like this. And I don't like that we can change this and we can strengthen her hip muscles here will she be more efficient and her gait? Yes. But to be honest with you, Bill, if I gave them some of the stuff that hurt physical therapists, my student-athletes, to my coaches, they would be embarrassed and I would probably lose my job.

Molly Hopkins 17:59

Because it's just not enough, it's not enough, we got to do more, we got to make them more efficient, better athletes. So if you take a stroke patient, and model an athletic model after them, here we are, we're gonna get bigger, faster, stronger.

Intro 18:15

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

Intro 18:40

If this is you, you may be missing out on doing things that could help speed up

your recovery. If you're finding yourself in that situation. Stop worrying, and head to recoveryafterstroke.com where you can download a guide that will help you it's called Seven Questions to Ask Your Doctor about Your Stroke.

Intro 18:59

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.

Ageism in healthcare with a 70-year-old patient

Bill Gasiamis 19:18

I hear you so Ann, now looking back on your experience with your recovery. How would you say? What level would you say your walking ability was? So from one to 10, 10 being amazing and one being needs a tremendous amount of work. Where do you think you were when you were discharged and they gave you the all-clear to go home? So to speak?

Ann Sertel 19:44

Oh, maybe to the most? Right?

Bill Gasiamis 19:48

Okay. Maybe at the time were you comfortable going home in that state?

Ann Sertel 19:56

I was Bill because I had Nick with me. And he has been a tremendous help. And he watches out for me. If I didn't have Nick or somebody to help me, there's no way I could be by myself or home.

Bill Gasiamis 20:14

Right? And then you're saying Nick isn't home? Is he ever at home? Not at home and you're at home alone? Was he ever in a situation where he needed to leave you alone?

Ann Sertel 20:28

Sometimes he does, yes. Not very often, and not very long. But sometimes he

does. Yes.

Bill Gasiamis 20:36

When Nick had left you alone, what? What are your movements like at home? Are you sitting in the chair and waiting for him to come home? Or you're confident to get up and go to the bathroom and get back to your chair?

Ann Sertel 20:47

I can get up. I'm competent to get up, go to the kitchen, go to the bathroom. But I don't go very far.

Bill Gasiamis 20:54

Yeah. And was that the case when you were originally discharged? Were you confident in being able to move about the house? on your own without Nick?

Ann Sertel 21:04

I didn't know. Yeah, because I was confined to the bed.

Bill Gasiamis 21:13

So even though you went home, your condition was the state of your condition was that you were still confined to bed?

Ann Sertel 21:22

Correct. That's right.

Bill Gasiamis 21:26

Wow. Okay, so you went home. And really, Nick had all the work to do, he had to make sure that you were sorted in every way, shape, and form, which would have been a difficult task because you wouldn't have had all the resources available to him either, all the moving apparatuses, all the things to get you in and out of bed to transfer you from one position to another, he may not have had all of that available to him. Is that right?

Ann Sertel 21:58

We did Bill.

Nick Sertel 21:59

The hospital provided a wire lift, and wheelchairs, and the physical therapists were a big help, in guiding us to get her to walk again.

Bill Gasiamis 22:21

Okay, so there was some involvement now? You're 73 at the moment, or were you 73 when all this happened?

Ann Sertel 22:29

I was 70 when all this happened.

Bill Gasiamis 22:33

Now, I want to get a sense of how you feel about your age. And the time that happened? Do you think age is playing a role in that whole? I can't do this, or I can't do that. Or this is not possible for me? Do you think you had an ageist approach to your recovery? And did the other people that were supposed to be caring for you and send you home? Do you feel that they treated you differently? Because you were older? Older than them perhaps?

Ann Sertel 23:03

I can't speak for them. But yes, I think that's true for me. Yes. Because you know, you get older, you just expect that, you know, your life is gonna change and things are going to happen. And you're not gonna be as strong as you were 40 years ago or whatever.

Bill Gasiamis 23:23

And you're kind of a you're resigned to the fact that you're getting weaker, and therefore as a result, you also may be getting sicker. And then it's just part of the process part of life.

Ann Sertel 23:34

Yes.

Bill Gasiamis 23:37

Hmm. Interesting. Molly. You're shaking your head.

Ann Sertel 23:44

She's not buying that at all.

Bill Gasiamis 23:45

Yeah. Tell us about that. Because that's a massive thing, right? You hear about it, my mum and dad, in their mom's in her late 70s. My dad is in his early 80s. And what I get from them is and some of it is legitimate, I get it. And it's a bit of a pain

because you know, the older you get pains creaking, and this happens and that happens.

Bill Gasiamis 24:08

They're pretty up and about my mum's just had hip surgery, and she's doing well. But there is a mentality that decline is inevitable, and we shouldn't fight decline. We should just accept the client as something that's going to happen. And I think that setup, then creates the out for those therapists who are lacking funding, who are lacking passion who are lacking resources to go, you know, you're already on the way out. Why don't we close with you and move on?

Ann Sertel 24:44

Yeah. Well, this is just my opinion, but also It bothers me tremendously, that the insurance companies run the health care system. You know, if your insurance won't pay or, you know, you get so many visits, And then when your insurance is done with the visits, you're done, whether you're done or not, they're done with you. Yeah. But that's a whole different topic.

Bill Gasiamis 25:09

It is it is. That's a common complaint. I'm 50. This year, we're going to talk about everyone's age. Molly, how old are you? 38. Just think 38 You think your age is the reason why you're so positive and so confident that you can restore function to somebody? Or, and your lack of experience? Because you're only 38? Like, how is it that you're completely the opposite of the experience the Anns had, as far as what you think is possible for somebody who's 70?

Molly Hopkins 25:48

Oh, I think age has no discrimination, you can be as accurate as you can be up here, and then you exit this world. You know, I see people that play golf, I'm a huge golfer, and they're in their 90s. And they're thriving, and they're playing golf three times a week, and they're having a great time.

Molly Hopkins 26:09

Yes, they have their ailments, your 90 Things are not going to move like they used to get, we get it. Yeah, we know that. But if you stay active, the we know this by science, you're going to decrease the amount of aging that you do. And this is all the root of the problem they're not out doing things.

Molly Hopkins 26:34

The aging process is going to happen 10 times faster. You leave people alone, you don't rehab them appropriately. You let them essentially just disintegrate in front of you guess what's going to happen? They're going to deteriorate.

Molly Hopkins 26:50

This is not okay. And you know, in the States here, we have SilverSneakers. Now, here at the university, we have people who walk and work out every day, and they're in their 80s or 90s. I mean, I see those people and I'm like they're doing it right. They're staying active.

Molly Hopkins 27:11

Yes, they're still aging, but they don't feel like if you compare two 90-year-olds, one that does something and the other one that does nothing. So you can prevent your visit to the nursing home by staying active.

Bill Gasiamis 27:27

Yeah, you can play a big role in keeping yourself out of the nursing home for as long as possible. And also being more stable on your feet and also being more active in the brain and continuing to heal and recover and rehabilitate. Now, in my book, I've written a chapter on exercise.

Bill Gasiamis 27:47

And because I'm kind of somebody who likes to avoid exercise, if I can, even though I do go I forced myself to go to the gym today, Molly, you'll be happy to know.

Ann Sertel 28:00

But so did I.

The right amount of exercise and physical therapy

Bill Gasiamis 28:02

Congratulations. Thank you. Mine was about a 3540-minute session. What I learned while I was writing the book, what I learned was that exercise doesn't have to be difficult, hard, arduous, and for a long amount of time, like how little exercise is enough to be beneficial, Molly.

Molly Hopkins 28:22

So what I always look back at is we talked about Master athletes here in the States, right? Anybody that was over the age of 38 is a master athlete. I'm a master athlete. So how much exercise do you need? Well, you go and you look, but to me, it's 30 minutes, 40 minutes of what we call high-intensity exercise, we look at heart rates.

Molly Hopkins 28:53

You know, I've taught you how to be an athlete, we take her heart rate, we give her exercise, and we tell her you needs to do 30 minutes of exercise. It means you're gonna have good days and bad days with exercise. I mean, it's not everybody's favorite. I struggle with my athletes getting them out there, you know.

Molly Hopkins 29:13

But I think you have to set a goal of 30 minutes, three times a week. And make sure that you're also doing resistance training, keeping your bones strong, your connective tissue, your muscles, because if you're going to decline the first thing that's going to decline is your posture.

Molly Hopkins 29:31

We know this. Everybody's posture is going to decline because of age. You know, you could have osteoporosis, you could have stress fractures, you could have you know, things that happen to you. Hip replacements, like your mom or knee replacements, I mean, things just wear out. But if you stay active during the exercise resistance training, and lifting weights, you're gonna have a better life.

Bill Gasiamis 29:53

Uh-huh. So, my understanding about the string For training is that it improves bone density. And we're not talking about being a bodybuilder, we're just talking about pushing and resisting something a bit heavier than you could normally manage.

Bill Gasiamis 30:17

Perhaps you got somebody looking over you what have you. And also that assists in removing excess sugar from the blood and burning that up. Instead of storing it in the shape of fat cells, which means that that decreases the chances that somebody's gonna get type 2 diabetes.

Molly Hopkins 30:39

Absolutely, like, essentially, what you're doing was what we call the energy system pathways. It's it's exercise physiology-based, but essentially, you're improving your diabetic chances. If you stay active, we know this with diabetics, their sugar levels are not going to be spiked as much, and we know that they can control your diabetics with exercise. So as you age, we know type two diabetes, for some individuals, it's in the cards because of genetics, we know. But if we stay active, we can prevent it. That's just how it is simple

Bill Gasiamis 31:19

as that. And I suffer from left-side weakness. As a result of that going to the gym can be a bit scary because I get afraid of losing my grip on one of the weights and it falling and injuring me or somebody else. So how do you go about giving somebody the confidence to go into the gym and push weights? What type of things can we do to overcome our doubt about our ability, I would say my left hand can lift, the same amount of weight as my right hand, but for a much shorter duration. So if I can get 10 or 12 reps out of my right hand, I can only get say five or six out of my left hand.

Molly Hopkins 32:07

Going back to him. I mean, it was a lot. We took her to an environment where she was so uncomfortable. You're going to be uncomfortable. A whole new world, right? You're being an athlete, right? And Bill, my

Ann Sertel 32:22

biggest My biggest fear is falling. Yep. My balance is not good. And you know, I know I have to get over that. But I'm with you. How do you get your brain? To not be afraid of that? I don't know.

Bill Gasiamis 32:41

You do it anyway, it sounds like

Ann Sertel 32:44

I do it anyway. Yes.

Bill Gasiamis 32:45

Despite the

Molly Hopkins 32:48

Yeah, you take them to the gym and you show them easy things that they can do. Can they manage the weight? That's the first thing. You are just introducing a simple thing. Like when I came up to see and the first time we went to the gym, and I said, Show me what you're doing. She did. We just made small adjustments here and there to help them essentially facilitate her to be able to push the leg press machine and not feel scared. I yeah, I tell my athletes all the time, the first thing I'm going to do is make sure that you can protect yourself. Right? That is what we're doing. We're taking you to the gym so you can protect yourself. If you fall, are you going to be able to pick yourself back up? We've talked about this. Yes. And I want you to be able to stay at home and be safe. Protect yourself. That's all.

Bill Gasiamis 33:44

Do you feel more confident? No easy remedy? No. And I'm sorry, do you feel more confident with your ability? Yes, I do. What is it done for your mindset?

Ann Sertel 33:55

Well, everything when I make it a step in the right direction, I feel like okay, you can do this, you can do a little bit more, a little bit more, a little bit more. But it is such a long process.

Bill Gasiamis 34:08

Is it also hard?

Ann Sertel 34:11

Yes, it is.

Bill Gasiamis 34:14

Is it the hardest thing you've ever had to do?

Ann Sertel 34:17

Yes, it is. And Bill, I taught elementary school for 40 years. So that you know this is a whole new ballgame for me.

Bill Gasiamis 34:29

And if I recall correctly, one of your students was the one and only Mali. Yes. So do you feel proud of yourself that you were able to influence the generation of human beings, specifically Mali who was going to be involved in your recovery from stroke all those years later?

Ann Sertel 34:49

I am so proud of her bill. I'm going to tell you this and I'm probably going to embarrass Molly But I don't care I guess when Molly was in sixth grade, she struggled with learning. academics were very hard for her. And when I found out that she was a sports medicine person, I couldn't believe it. I thought you've got, you know, you went to Wittenberg, and you've got degrees, and you've got all this training. I just am so proud of her determination and her effort and her perseverance, because I know it could not have been easy for her. It

Bill Gasiamis 35:28

sounds like a similar story. It doesn't sound like somebody who wasn't supposed to be able to achieve certain things. And many people would have said, shall never amount to anything. Can prove that it's possible to recover and to overcome and to find ways to become educated to achieve great things in life. And it's similar to stroke recovery. It's applying a similar mindset to stroke recovery, isn't it?

Ann Sertel 35:57

Yes, it is. I never thought about that. But you're right. Yes.

Bill Gasiamis 36:03

Because you're you had your doubters, and then Molly had her doubts, but the two of you have seemed to come a long way when you found a new way to approach this and perhaps not to listen to your data.

Ann Sertel 36:16

Yes, that's true. Yes. Molly, do you agree with that, Molly? Absolutely.

Molly Hopkins 36:22

We're such a parallel. It's unbelievable.

Ann Sertel 36:27

Okay, isn't it?

Bill Gasiamis 36:30

We have a good student, Molly, like and were you a nice student, not a good student, a nice student.

Ann Sertel 36:35

She was very old. Am I kidding? My parents?

Molly Hopkins 36:40

My parents are both teachers. So there was no deviating from the academics. But one thing that they did, they did always instill is just work hard. You know,

Ann Sertel 36:54

Molly's hard workers. Yes, she's a very hard worker.

Molly Hopkins 37:00

I mean, if we were not German? No, it was not. So it took a lot to just get through the elementary school level. And once I finally got to high school, it was okay. But college is where I thrive. And once you find your niche, that's where you start to say, open up the engines, now you can do whatever you want.

Bill Gasiamis 37:25

Remember earlier, Malia said that I was very comfortable avoiding exercise and not going to the gym, etc. But I have found some amazing things that occur when I do what's hard when I go against what my nature is telling me to do, which is, you know, run, run for the hills, and then come back. It's like, yeah, do what's hard, do the hard thing, the hardest thing I've had to do is recover from stroke, I'm still recovering.

Bill Gasiamis 37:55

And it's been 12 years. But the next hardest thing I had to do was write this book, you know, it took four years to develop the model, to then write the book, and then to get it out. And I'm not academic, either, I hated school, and I'm all my teachers hated me because I made their life impossible. And it was because I was bored.

Bill Gasiamis 38:20

And I didn't find what was interesting to me, and what my niche was. And I was labeled by teachers, as you know, one of my teachers said, I wish I could write in your report that you were stupid. And that kind of stuff. So, you know, I went through all of that. And, I didn't believe that I was stupid. And I made it their fault.

Bill Gasiamis 38:45

I sort of used to say to them, Well, you know, I'm not learning anything important

to me, or that I want to know, it's your responsibility to teach me. And then what I realized later on in life was I had to seek out the things that I was interested in. And I had to seek out the people who would be my new teachers who were going to teach me those things.

Bill Gasiamis 39:06

When I did start doing that and started to find things that were interesting to me, I made it my passion, and what better way to discover yourself than to sort of become responsible for your learning and to do the things that you love and not expect other people to teach you.

Bill Gasiamis 39:24

Now for me, it happened to be stroke recovery, that brings in neurology that brings in physical therapy that brings all these things that are important to me, but are also very interesting. And I love hearing about everybody else's journey with their recovery.

Bill Gasiamis 39:42

And of course, the podcast is about demonstrating how terrible things are when we start off the stroke recovery journey, and how they slowly gradually, you know, it's at a snail's pace, start to improve and we start to get better but we do need to recruit amazing people to help us we need to not give up and find ourselves kind of saying, throwing our hands in the air when the insurance company, for example, says, well, that's as far as I can get.

Ann Sertel and Molly Hopkins' reunion after 23 years

Bill Gasiamis 40:16

So Molly, if I could ask you, for you to kind of rate the state of Ann when you guys first started to work together in her physical ability between zero and 10, where would you have her on the scale? When you first saw her?

Molly Hopkins 40:39

When I first saw her, it was hard. It was really hard to see you for the first time. Well, I and I hadn't seen her in 23 years. That's the killer of it all, I hadn't seen her. I went up for a golf tournament, and I stopped by their house. And that was

the first time I saw her.

Molly Hopkins 41:01

And I knew right away when I walked in the door what had happened because I could see it all. And then that was hard to take in. Because she means so much to me. And like, when I saw her I was like, holy cow. I was like, okay, and then Nick told me that she had just started following conversations when I saw her in May 2022.

Molly Hopkins 41:30

And she came to one of our soccer games, that September, and yeah, nothing had improved. And she was telling me that she was working so hard in physical therapy, and I was googling sleep terribly. I'm gonna read you like it. It's three, because your movie, your progress progressing? You weren't doing anything, but she was working so hard.

Molly Hopkins 41:54

And that's what was the killer of it all. She said to me, like, the squad, the squad stopped growing. And she would tell me what she was doing. And I was just like, this is heartbreaking. Because if this was one of my athletes, I would say we need to go back to the drawing board. What's going wrong? We need to reevaluate everything because I can't put you out on the field like that.

Ann Sertel 42:20

That's true.

Bill Gasiamis 42:23

So you've been working together for a little while now. How long?

Molly Hopkins 42:27

Almost a year over a year now.

Bill Gasiamis 42:32

How far would you rate the recovery? So from a three, how far along Do you think and have come on that journey?

Molly Hopkins 42:42

Well, I'll give you Ann's percentile. She says she's 80 to 90% recovered. To me, I'm still picking her apart. I still have way more to accomplish with her. I write

her exercise programs for two months. She works out with those twice a week. And then she goes to yoga and then lifts.

Molly Hopkins 43:06

So she works out five days a week. The Yoga is for recovery, which is on Mondays and Fridays. But then meat and potatoes are Tuesdays, Wednesdays, and Thursdays. And I'm still picking her apart because I'm not happy with it. So to me, it's like a seminary. She's functional. But is she my functional? No, I want more. To be honest, I want more.

Bill Gasiamis 43:33

Sounds like a hard taskmaster. Were you that hard on her when she was at school?

Ann Sertel 43:38

I don't think I was No. Was I Molly?

Molly Hopkins 43:44

Ann was so good in the classroom. I told my athletes like Ann is how I talked to them. I'm firm, but I'm fair.

Ann Sertel 43:58

That's it. I tried to always be firm and fair.

Bill Gasiamis 44:01

Yeah. I want to ask you, Molly, because one of the things that's interesting is that at around the age of 30, so maybe around 20 years ago, I decided I wanted to be a life coach. And I went and did a course. And when I went and did this life coaching course, it was at the suggestion of my counselor, and my psychologist, she said, You should be a psychologist and I said, that's gonna be a lot of school.

Bill Gasiamis 44:31

Like, I don't think I can handle that. Maybe I'll do something where I'm helping people but I don't have to go through six years or seven years of university. And I had been in counseling say for about four or five years by the time I became a life coach.

Bill Gasiamis 44:47

And I started helping people along that kind of how do I overcome myself kind of

journey that they were on and if I wasn't qualified to do the psychological stuff, but I was qualified to teach people the next step, this is the next step, go and do that. And then let's do the next step and the next step. So it was kind of holding their hand keeping them accountable.

Bill Gasiamis 45:09

And what I realized was that one of the things that I hadn't had was a life coach. So I hadn't had somebody coach me through the steps that I needed to achieve, to get to my goals, whatever they were. And I was getting counseling, and I was handling my mental health.

Bill Gasiamis 45:23

But I didn't have somebody as a mentor to guide me to take me through the process of evaluating what I was doing, giving me honest feedback, and then helping me reassess and move on. And what I did is I ended up getting someone to be my life coach, while I was seeing my counselor, and I kind of matched the two.

Bill Gasiamis 45:44

And they're completely different roles. One of them helped me talk things through, and the other one helped me take action and take action steps toward my goal, whatever that was. And then, as I've continued, helping people through my coaching role, and then my recovery after stroke coaching this, some of the clients that I deal with.

Bill Gasiamis 46:06

What I realized is that we don't have that normal people don't have compared to athletes, we don't have somebody next to us for our entire life going, you can do this and improve and you can stop doing that, and you'll get a better result. And athletes, even Roger Federer, even Rafael Nadal, who are the world's Joker, Djokovic choose playing in my hometown right now.

Molly Hopkins 46:37

Yeah.

Bill Gasiamis 46:38

Those guys are the best of the best in their chosen sport. And yet, they still have a coach next to them. We have the worst at the worst of our chosen life. And we have nobody helping us to guide us through because we don't see the value in

that. So I want to get your sense of that.

The importance of having the right coach in physical therapy after a stroke

Bill Gasiamis 47:01

Like, why is it important to have people with you along this journey, even at the age of 70? Because I assume that Anne's not going to get away with it. For the next however long you guys are around each other she's going to be whether she likes it or not me to go to the gym and train one way or another. Why is it important to have people next to us?

Molly Hopkins 47:26

I don't know. I feel like I've been in sports all my life. And I feel like I guess if I could use an analogy, a caddy, right? A golf caddy, right? We need somebody who gives you the yardage and tells you this is what we should do. These are the obstacles in the hole. And this is what we should do.

Molly Hopkins 47:57

That's what every stroke patient should have. It's a social worker, a physical therapist, a nurse, a physician, these people have no idea what is ahead of them when they come out of that hospital. That's true. Charge paperwork. Yeah, she got her discharge paperwork.

Molly Hopkins 48:15

She was sent to a rehab hospital, a rehab hospital center, it's almost like good luck. Yeah, it is. And these people have no clue. And they come in with home health care, they get discharged, they get moved on like somebody has to say, you're doing the right thing. And if that's coaching, then that's what it is.

Molly Hopkins 48:39

I'm calling place to Ann and I'm saying like, let's run this play because this is what's going to make or break you. And I think more and more people need to look at strokes and model their rehabs if it's not an athletic model. It's how we are working with athletic populations. If I could put it that way. I just think these poor people, you lost your left side Ann lost her left side.

Molly Hopkins 49:12

They have no stability. They have no idea these poor families have no idea what's going on. They have just been put through the wringer. They don't know if their loved ones gonna make it or not. They're so scared. So it's a lot of moving parts, It's a lot of tough decisions, a lot of tough questions, and they're not ready for it. They're not prepared for it.

Ann Sertel 49:36

And Molly, you don't even know what questions to ask.

Molly Hopkins 49:40

No, no, no one's counseling them. So yeah, they should have somebody walk into that room after these people have been diagnosed with strokes and say, This is what's going to happen next. Do they have all the answers No, but I don't have all Insert. I tried to do the best for my athletes and the best for but I don't have all the answers. That's why we research. What's gonna make you better?

Bill Gasiamis 50:12

We're all winging it. But you kind of need a little bit of guidance like you need to have some hypothesis and some kind of path to go down to try it to see, is this right? Is it wrong? Will this work? Do I enjoy this, and then and then be able to reassess and then make another decision and then keep going in an in the same direction or a different direction, you know, minor micro-adjustments to sort of continue towards the goal, even though you've kind of been taken off the path a little bit.

Bill Gasiamis 50:45

That's one of my biggest challenges is that people find the podcast and they it's, sometimes it's their first source of, Oh, my God, this is normal, or, Oh, my God, I can do this, or Oh, my God, I can try that. And it's really strange, that I'm the first source for them that they stumbled on that helps them navigate their recovery.

Bill Gasiamis 51:11

And I'm glad that I exist. And I am because that's what I think I was missing. And that's what I was trying to create, not realizing that I was succeeding and creating that for people. And what these stories do specifically and story and your story is that they offer more hope it offers hope.

Bill Gasiamis 51:35

And an example, that you guys are setting, that perhaps other people who are not

70 that might be in a similar situation, might be able to go okay, I know one thing that I can do, that's going to make my life better. And that doesn't have to be a five-day-a-week regimen that might even just be 30 minutes, one day a week, more than what they were doing beforehand.

Bill Gasiamis 52:02

And a little bit of guidance in the gym, from somebody just to get them on the right path. And then maybe every month or every two or three months to get that feedback, that coaching so that they know you're on the right path. Or you can be more efficient like this.

Bill Gasiamis 52:20

So you can get better results like that. Because there's one thing about working hard in the wrong direction. It's so shit when you work hard, and you're going in the wrong direction. It's so discouraging that it's the good to work hard and be going in the correct direction.

Molly Hopkins 52:34

Yeah, you need a full team. And I mean, the stroke team should start from the neurosurgeon down, you survived the stroke. Now, this is what we're doing next. And you need a full team of qualified individuals to say, Yeah, this is this is right, you're moving in the right direction.

Molly Hopkins 52:55

But here's the biggest thing when they go from physical therapy discharge, and there are still deficits, what are we going to do with them next? That's when there should be that relay point. Okay, you're done with physical therapy, but we're going to relay you on to our strength coach.

Molly Hopkins 53:17

So, he's going to help you with your strength. And I model it. What I'm doing with Ann is when I went to that last physical therapy visit with her, I literally said to the physical therapist, it seems like we're not going anywhere here. And I said it point blank to that guy and I said, I think we need to let her go and let me have her.

Molly Hopkins 53:37

And I took her over. And that's what we do here. We have our athletes go to physical therapy. But then at that point, when they're ready to make that return

to play, they're not ready to go to the field. They're ready to come to me. And now I start to put the finishing touches on them.

Ann Sertel 53:55

I agree, Molly.

Molly Hopkins 53:57

That's what we need. You need the finishing touches. They're not ready to resume full activity. They're not. We know that. Like, it's just where we're at. But you need more work done.

Bill Gasiamis 54:11

Yeah, yeah. So and going forward? How confident do you feel about your ability to continue to improve?

Ann Sertel 54:22

As long as Molly's involved with me, I'm very confident because I feel like I've made huge gains with her. If I was on my own, probably not much.

Bill Gasiamis 54:34

Would you have accepted the narrative "we're done with you? We've got nothing more to offer. Go home and get better on your own?"

Knowing when to defy the odds

Ann Sertel 54:51

Yes. And I didn't know what to do. You can't get better if somebody doesn't show you?

Bill Gasiamis 55:00

Yeah. That's the challenge, isn't it? It's that whole, going back and accepting the word of somebody who might be wrong with what they're saying. And then you're sitting in a situation that you shouldn't be sitting in and suffering unnecessarily. Because you're already suffering because you've had a stroke, and you've got to deal with all that stuff.

Bill Gasiamis 55:23

And then dealing with something that's not true. And believing that it is true, then that's unnecessary suffering. And that's probably the lesson there is not to give

up just because somebody with a white coat said, that's something. Yeah.

Molly Hopkins 55:46

Well, no one should ever, ever, ever in the medical profession, say there's nothing more like there's always another option.

Bill Gasiamis 55:54

Yeah. Well, I appreciate you guys getting on to have a chat with me. Thank you so much for doing that. My pleasure. It's a great story of hope and possibility. And Molly, your organization, if people wanted to reach out to you, the general public in your area, are they just are they able to do that?

Molly Hopkins 56:18

I'm kind of a hidden gem. I only work with college athletes. Ann, we put her on the roster.

Ann Sertel 56:37

I get to travel with the team.

Molly Hopkins 56:38

Yeah, she's on the team roster.

Bill Gasiamis 56:42

She put the work in 30 years ago. So you know, this is the playoffs.

Molly Hopkins 56:48

Yeah, she's now on the teams here. Anybody can always give me an email. I don't mind.

Bill Gasiamis 56:54

Yeah. And I suppose what I'm saying is, if there's a way that we can connect people, perhaps there might be some people interested, who get triggered to say, Hey, maybe I can improve more? Who would you suggest I see? Or how would you suggest I go about this, maybe you can just say, find a sports therapist that specializes in this particular thing in your area, and there will be a ton of your kind of colleagues around the place.

Bill Gasiamis 57:23

And maybe we'll be able to encourage people to go ahead and do that. Ann if anyone wanted to reach out to you, would you be happy to chat to anybody via

email and just encourage them and give them a little bit of hope?

Ann Sertel 57:37

Sure. Because I think everybody needs it.

Bill Gasiamis 57:43

Yeah. Well, you are amazing thank you so much. Give our love to Nick because he's dealing with a lot too and he's probably underqualified as well. But seems like he's done a decent job so far. Come in coming the coming to the screen.

Nick Sertel 58:09

It was one thing I'd like to add when I was getting out of the hospital. There was more than one medical professional who told me and Ann in six months it was as good as you're ever going to get. But I didn't believe that.

Nick Sertel 58:32

And after six months, she was not near where she is today. Thanks, Molly, and thanks, everybody. It's been a team effort. And she's coming along. I don't see that anything is going to stop Ann. If she wants to.

Bill Gasiamis 58:56

I just can't believe that in 2024. Or whatever year it was that that happened in the 2020s. A doctor still has I don't know that they're driven to say that junk. I cannot believe that.

Ann Sertel 59:13

I remember that.

Nick Sertel 59:14

There's more than one too.

Ann Sertel 59:16

Yeah, six months, whatever she's doing in six months is what it's going to be.

Bill Gasiamis 59:21

Wow. Well, thank you so much, everybody, for joining me. I appreciate it.

Ann Sertel 59:28

Thank you. And Bill, how do you pronounce your last name?

Bill Gasiamis 59:32

My last name is Gasiamis.

Ann Sertel 59:35

Gasiamis okay.

Bill Gasiamis 59:36

That's it. Nailed it. Well, I appreciate you guys. Thank you so much. I'll put it out there and make everybody aware of it. And then also, was it Beth that contacted me, was it? Say hi to Beth and thank you to Beth and I'll make sure she gets to have Listen.

Bill Gasiamis 1:00:01

Well, thanks for joining us on today's episode to get a copy of the book, *The Unexpected Way That Stroke Became The Best Thing That Happened*, go to recoveryafterstroke.com/book. To learn more about my guests, including links to their social media, and to download a transcript of the entire interview, go to recoveryafterstroke.com/episodes.

Bill Gasiamis 1:00:22

Thank you to all those people who have already left a review about the podcast. It means the world to me podcasts live and thrive because of reviews. When you leave a review, you're helping other people find this content much easier. And that is helping them make their stroke recovery just that little bit better.

Bill Gasiamis 1:00:42

I receive feedback every week from somebody who has appreciated an episode of the podcast and that has helped them in their recovery, feel less alone will get some new bits of information that they've been able to act on. So if you haven't left a review, and you would like to the best way to do that is go to iTunes and Spotify and leave a five-star review and a little bit about what the show means to you.

Bill Gasiamis 1:01:08

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Bill Gasiamis 1:01:31

If you're a stroke survivor with a story to share, come and join me on the show that interviews are not scripted, you do not have to plan for them. All you need to do is be a stroke survivor. If you are a researcher who wants to share the findings of a recent study, or you're looking to recruit people into studies, you may also wish to reach out and be a guest on my show.

Bill Gasiamis 1:01:51

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. Go to recoveryafterstroke.com/contact Fill out the form explaining which category you belong to.

Bill Gasiamis 1:02:07

And I will respond with more details about how we can meet via Zoom. Thank you so much once again for continuing to listen for responding for giving me feedback for letting me know what the podcast means to you. I appreciate you see you on the next episode.

Intro 1:02:30

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Intro 1:02:47

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Intro 1:03:09

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Intro 1:03:31

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Intro 1:03:51

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