

Why “You’ve Hit a Plateau” in Stroke Recovery Is a Myth - And How to Keep Improving!

Have you been told your stroke recovery has plateaued? Dr. Matthew J. Ashley explains why that’s a myth and how you can keep progressing.

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Transcript:

Updates on Bill Gasiamis’ Book and Introduction to Dr. Matthew Ashley



Bill Gasiamis 0:00

Hello, everyone. Before we dive into today's conversation, I have some exciting updates to share about my book, *The Unexpected Way That A Stroke Became The Best Thing That Happened*, which is now approaching 400 copies sold, and is receiving excellent reviews from readers who find it both inspiring and practical for navigating post stroke growth.

Bill Gasiamis 0:24

One listener, Sandra, recently commented on our YouTube channel "I brought your book from Amazon. It's great to read lots of information to think about. My arm is slowly recovering, it's frustrating. I tune into your podcast and I feel better. Thank you. Hope you get 100 million listeners soon."

Bill Gasiamis 0:47

Wow, wouldn't that be something, if you haven't picked up your copy yet? Now is a great time to do so. Also, remember to visit recoveryafterstroke.com/learn. For a range of courses and resources created by a stroke survivor for stroke survivors helpful tools to guide you through every step of your recovery journey. On today's episode, which is a must listen for anyone questioning the limits of stroke recovery.

Bill Gasiamis 1:16

We're speaking with Dr. Matthew J. Ashley, a Board Certified neurologist and a neuro rehabilitation specialist who holds a law degree. Dr. Ashley brings a unique blend of clinical expertise, personal experience and legal insight to his work, making him a powerful advocate for stroke survivors. His journey began with a

personal connection to brain injury, and has evolved into a mission to redefine what recovery means, particularly challenging the conventional idea of a recovery plateau.

Bill Gasiamis 1:51

In our conversation, we explore how Dr. Ashley's background in neurology, neuro rehabilitation and law shapes his holistic approach to rehabilitation. Why the notion of hitting a recovery plateau can be more myth than reality, and what that means for your ongoing recovery, the challenges of navigating a fragmented healthcare system and the importance of self advocacy and the role of integrated care, including therapies like nutrition and lifestyle changes in driving continuous improvement.

Dr. Matthew Ashley's Background and Personal Connection to Brain Injury

Bill Gasiamis 2:24

Be ready for an empowering conversation that challenges traditional recovery narratives and offers practical insights to help you push beyond perceived limits. Let's get started. Dr. Matthew Ashley, welcome to the podcast.

Dr. Matthew Ashley 2:42

Thanks, Bill. Thanks for having me.

Bill Gasiamis 2:44

Absolute pleasure. Tell me a little bit about your background.

Dr. Matthew Ashley 2:48

Yeah, well, it depends on how much you'd like, I'm a neurologist by training, and then did sub specialty training and neuro rehabilitation. But my journey with dealing with people's people with brain injuries starts much earlier, and there's a personal and a family connection to that. And really kind of grew up in the environment, in a literal sense, of people who were rehabilitating from predominantly traumatic brain injury, but other types of brain injury as well.

Bill Gasiamis 3:22

Were you quite young when your family member went through something like that?

Dr. Matthew Ashley 3:27

Yeah, so my father's brother, so my uncle, unfortunately, before I was born, had a aneurysm rupture and was quite disabled from that for quite a period of time, and that was kind of the inciting factor, in some ways, for the development of the organization that I still work with, which is a family business where we run rehabilitation facility for people with Any kind of acquired brain injury, and that includes stroke. So he, you know, his journey was his journey, and I was very young, so I don't, I only know bits and pieces of it from sort of hearing it growing up.

Dr. Matthew Ashley 4:13

And I have some sort of vague memories of him. I mean, of course, it's difficult to discern what's really my memory versus what I've seen in photographs or videos. But that was kind of the personal side to that. And I grew up in a family who was both working with him initially and then subsequently working in the brain injury rehabilitation space, so that was always just sort of part of my world. I would after school, go and do my homework at the clinical facility. And, you know, kind of grew up around that in a very real sense.

Dr. Matthew Ashley 4:54

So it was always sort of part of my life in the background, and then later on, as I got older. And and it ended up going into medicine as a career. I tried to approach that with an open mind and think that perhaps some other field would grab me, and I would gravitate towards that. And there were certainly other things that I enjoyed and liked, but in the end, I really still liked the the work that I kind of grew up seeing, and so I did the neurology training and with with an eye towards ultimately ending up in the rehab world.

Bill Gasiamis 5:31

Were your parents physicians as well?

Dr. Matthew Ashley 5:34

No, my father and mother were both speech pathologists, actually, by background, but really, you know, saw a need in my uncle and and others that were their kind of initial patience for something that was more comprehensive than what at least existed at the time, and that was kind of the the birth of of our organization.

Bill Gasiamis 6:01

I think back to my upbringing and school homework was done at home, and I didn't know anybody who had a brain injury at all. And it kind of shaped me, in a way, of being unaware of people's plight. You know, some of the challenges that other people face, and I could say, you know very comfortably that I was ignorant of what it's like living with a brain injury until the age of 37 when I had my own experience.

Bill Gasiamis 6:37

Your upbringing and your interaction with people in that space would have been completely different from anybody else who you went to school with, hung around with. This might be a hypothetical question, but do you think it changed you. It shaped you differently than it would have, perhaps if you were just the regular kid going home to a kitchen table to do your homework.

Dr. Matthew Ashley 7:09

Yeah, I think it's a hard question to answer, and don't get me wrong, sometimes I was at home doing my homework, yeah, but being around it, I think it's impossible for not to shape some of your worldview. Seeing people who are struggling with something like you've mentioned, that most people don't, can't really conceive of, or if they do, it's in a peripheral sense, it does give you a different lens with which to view the world and I honestly feel very lucky to have seen that early in my life.

Dr. Matthew Ashley 7:48

And to really it helps shape a perspective of maybe some gratefulness for things that otherwise you know, it can be difficult to be grateful for, and I don't want to act like I'm some sort of Zen master who's always living in that space. I'm a human being, and I experienced frustrations and all those things like everyone else. But I do think it helped, it helped to shape the narrative and the arc of my life and helped me really again, value that population of people that I had grown up around and witnessing their plights and their struggles and their successes and all of that.

Dr. Matthew Ashley 8:31

And to really be able to grasp what is possible for people who are going through that in a way that, as I went through my training later on, really helped me become a better professional as well, because I had seen things that really went

against kind of maybe the traditional thought process for how people's outcomes would be, or what was possible, if you will.

Bill Gasiamis 9:03

I think, you know, 5% more gratitude growing up is a massive thing above the majority of kids, you know, going to school and high school, you're probably a step ahead there just because of that.

Dr. Matthew Ashley 9:18

Well, I again, I don't want to, I have my version of what I was like "I'm sure it's very far from the truth." I certainly had my other moments as a child too, of being entitled and feeling like, you know, these minor frustrations we experience are a big deal, I don't want to make light of that. I think that's the human experience.

Dr. Matthew Ashley 9:42

But it does help, it does help, and especially as we get a little more gray hair and start to realize other things about life I do. Like I said, I'm very thankful that I grew up in that environment. I think it has helped me, and it helps me as a parent and as a physician, to just have that perspective.

Bill Gasiamis 10:04

Let's take a quick pause here before we dive back into Dr. Matthew Ashley's insightful discussion about breaking through the recovery plateau and optimizing stroke recovery. I wanted to remind you about some important resources. First, in my book, *The Unexpected Way The Stroke Became The Best Thing That Happened*. You can get it on Amazon or at recoveryafterstroke.com/book, it's already inspiring. Hundreds of stroke survivors also visit recoveryafterstroke.com/learn.

Educational Journey and Legal Background

Bill Gasiamis 10:36

For narrated video lessons and other resources crafted specifically for stroke survivors and caregivers. Now let's get back to Dr. Ashley and learn more about his unique background in neurology, neuro rehabilitation and law and how it's reshaping the conversation around stroke recovery. So what was your first qualification after high school, which path did you head down?

Dr. Matthew Ashley 11:03

Yeah, so I went to University of California, San Diego for college, and there I eventually ended up landing on a Bachelor's of Science degree in cognitive science with a specialization in neuroscience. So again, sort of that thread of all of this has been present in my life in in some way, shape or form, more or less throughout, and that kind of degree is sort of this mishmash of biology, neurobiology, psychology, and throw in a little bit of computer science in there, as I was studying that. And you know that, of course, has come more to the forefront.

Dr. Matthew Ashley 11:03

Now that's not really where I ended up landing. So my computer science, part of me died after I graduated college, but it was helpful background, and it's sort of useful. And then from there, I ended up doing a my graduate work in Illinois at Southern Illinois University, and I did a combined law and medical degree there, and that was a six year program, and finished up that in, I guess, 2009 then did a neurology residency and eventual fellowship at UCLA, and that was kind of my arc.

Bill Gasiamis 12:32

Wow, does law and medicine go together, or is that something that you do thinking you might go down one path or another path? How come they get done together?

Dr. Matthew Ashley 12:47

Yeah, well, you know, my young person version of that answer is different than perhaps what it is now, when I first started that I really had an eye towards the advocacy piece that applies to people with brain injuries of any kind. You know, unfortunately part of the nature of the injury is often an ability to communicate well, to which is a crucial part of self advocacy and advocacy for a group of people.

Dr. Matthew Ashley 13:24

And then the other part that, I don't know how, if we want to get into all this, but, you know, the Insight component of brain injury is one that is particularly problematic. That many times people who have had these kinds of neurological difficulties aren't necessarily so aware of the problems that they're facing, and that poses its own whole host of difficulties. And from a an effectiveness in advocating for yourself.

Dr. Matthew Ashley 13:56

You can see you don't have to get too far to know that it's going to be detrimental and problematic if you don't really think you have a problem, that you're not going to really a big, good self advocate. So the early on, when I did that, that was kind of a major driving force. Looking back on it now and in retrospect, I think you know, having an understanding of the law broadly, what the kind that you get from going to law school, and not really, practicing in a specific area, which is my, you know, where I landed up, landing It's just helpful.

Challenges in the Medical System and the Role of Self-Advocacy

Dr. Matthew Ashley 14:30

It sort of informs a lot, ranging from the things I set out to do on the advocacy parts to legislative things, you know, in this kind of mundane as contracting so I don't regret a minute of it.

Bill Gasiamis 14:49

Honestly, it sounds like a good thing to have in the background, especially when you're coming from your perspective. The reason being is one of the struggles that people face dealing with the medical system. The universal struggles in America, it's slightly different because of the way that you guys access medical help through insurance, or, if people are not insured, other means. And here in Australia, the medical system is pretty, pretty good. You get free medical for every citizen.

Bill Gasiamis 15:27

And then people can also opt to have private insurance to cover their medical costs. And usually private insurance gets you going to skip the queue and a choice of hospital, a choice of Doctor, those kind of things. I didn't go through a private system. Went through the public system when I was unwell, and after one of my after the second bleed that I had in my brain, which was in March 2012 my cognitive impairment was pretty great, and my wife was the person doing all the communicating between me and the doctors.

Bill Gasiamis 16:08

And trying to suss out where I was what, what type of help I needed, etc. And of course, she's not a nurse, she's not a doctor, and she's never dealt with anyone

that's had a neurological condition before. So a lot of the things that I needed were not presented for me, or they weren't diagnosed, and most of that was in the cognitive deficits, you know, the inability to remember a person who came to visit me, start a sentence, finish a sentence, have a conversation with anybody. So it was quite a challenge for me to navigate any of my recovery.

Bill Gasiamis 16:53

At that time, I had no idea other than kind of be this passive survivor and and then I wasn't even hoping for the best, because my brain wasn't even switched on, it was completely switched off, it was offline. So then I don't know what I was doing, other than sitting through a process and hoping for some kind of a positive outcome. So I love that fact that already you're thinking you particularly and maybe your organization as a result of the work that you've done and the training that you've had.

Bill Gasiamis 17:27

You're already thinking about our patients come to us are still going to be requiring advocacy, amongst other things, and that it seems like you've made it part of your philosophy or part of your role to also ensure that your patients are being treated appropriately, medically and ethically, but also are being guided by your organization. How do you navigate that with your families that come through and your patients or your clients?

Dr. Matthew Ashley 18:08

Yeah, that's a really big question. Bill, I mean, for starters, you know, just coming back to you and your your situation, you know, big congratulations on everything you've accomplished in terms of not only your own recovery, but putting together something that you've done here. And again, I'm still becoming a little bit familiar with your work, but I think it's really important, and it's great to have the platform that you've developed for others to be able to shorten their learning curve for exactly what you're describing.

Dr. Matthew Ashley 18:43

Everyone who's going through this, the vast majority of those people, are coming to it like you were. Everything was fine, and then one day it wasn't. And that happened to them, it happened to their family, and all of a sudden their this whole thing is thrust upon them, and they're trying to manage it. And it's, you know, to put it bluntly, it's a nightmare. So you have and again, I don't, I don't know the

intricacies of how things work in Australia, but I'm intimately familiar, for better or worse, with how they work here.

Dr. Matthew Ashley 19:20

And there are a lot of great things that work in our system, and there are, unfortunately, some vagaries. And so what we try to do is Shepherd our patients and families as much as possible through that process. And I would love to be able to say that I'm able to help every person who comes our way, and, you know, unfortunately, that's not the case, but the ones that we do, we really try to maximize what we can do for them in terms of how we go about that. We really try to take a whole patient approach.

Dr. Matthew Ashley 20:01

And that's kind of a buzzword, but I think for us, it really does apply. We have a comprehensive care setting where we have everything, ranging from physician level care, nursing level care, all of the various therapeutic disciplines. So that includes physical therapy, occupational therapy. There's probably different terms. Some people, you know, say physio and there's, there are other terms, but in here, it's physical therapy, occupational therapy, speech language pathology.

Dr. Matthew Ashley 20:30

We actually break out the cognitive component and what you're discussing into two buckets, and we approach that from a speech language pathology perspective for certain aspects of that, including dysphasia and swallowing, but also cognitive components of that. And then we also use people who come to us from an educational background and a kind of a school centric background to also augment that, because we feel like you alluded to.

Dr. Matthew Ashley 20:59

That the cognitive part of the recovery is really where it's at because, yes, it's very important for people to recover their ability to ambulate, for their ability to use their fine manual dexterity and their visual system and all of the other things. But at the end of it, what really ends up limiting people from having a high quality of life and independence, and the things that for most of us, we consider very important, is that cognitive component. And so we focus a lot there and then buried within that as well is we have.

The Vital Role of Advocacy in Stroke Recovery



Dr. Matthew Ashley 21:36

We have an embedded counseling and case management presence in our organization, who the case manager is kind of like the architect of the entire experience, pulling everything together and shaping it into what it should be. And the counselor is there, not just for patients and people who are experiencing the insults, but also their family members, because we know, and I'm sure you've experienced I don't want to speak for you.

Dr. Matthew Ashley 22:03

But having you know you alluded to it with your wife, having someone there advocating on your behalf, seeing things from a different lens than maybe you're seeing it yourself, is so critical to success.

Bill Gasiamis 22:18

It's one of the biggest challenges I know stroke survivors who don't have the support that I had, they will do exactly that. They'll try and navigate the stroke world, both as their own advocate, but then also as a patient. So as a patient, it's nearly impossible to do as a patient who's experienced a stroke, but then, as somebody who's not an advocate by nature or is has never been in the position to advocate for somebody else or themselves, now they have to navigate a system where they're advocating for themselves, a system they don't know.

Bill Gasiamis 22:58

And at the same time, this recovering from a stroke, it's just a minefield. I mean, it's almost an impossible task. And that's the thing about that's the thing about the medical system in Australia, it's quite good. But I'll go and visit my neurologist, and then I'll get some kind of a report, or some kind of an understanding of what happened to me, and that's cool. And then after my

surgery, for example, when I had to regain the use of my left side and learn how to walk again and use my left arm after the hospital stay.

Bill Gasiamis 23:38

The initial month hospital stay where all the energy was focused on the physical rehabilitation. There was no work done on the cognitive rehabilitation. There was no assessment to see what other services I acquired I was it was the obvious things that were supported “Okay, Bill, wake up from surgery. Let’s go for a walk to the toilet for the first time after surgery.” “Oh, Bill can’t actually walk.” “Oh, okay. We need rehabilitation. We need to get his leg working again.” And really that was kind of the extent of the of the process.

Bill Gasiamis 24:25

So after neural, I’m not sure as well in the whole experience where the neurologist came in to the conversation and where they stepped out. So then after that, I get sent to outpatient rehab because my one month stay in inpatient rehab ended, and that’s done about a from my house. It’s about a 30 to 40 minute tram ride and then walk to the particular faci. Literally, I wasn’t driving, so I had to walk there in my fragile just learnt how to walk state when my wife wasn’t around, when she was working.

Bill Gasiamis 25:11

And then these guys had the task of rehabilitating me further, getting some of those fine motor skills developed further. But again, there wasn’t that. It seemed to be fragmented. The whole system was fragmented, you know, you saw a specialist over here at that place, and then you saw somebody to help you get your walking back at this place. And then it was a little bit all over the place. So if it was very difficult to get efficient care and treatment, to make the best use of my time, and the best use of the time of the people supporting me in getting better.

Dr. Matthew Ashley 25:58

Yeah, and I think that your experience is, you know, unfortunately is a very common one. I think that it’s very unusual that someone has a smooth experience that coordinates all of the various parties that really need to be at the table in order to maximize the potential for recovery and to do that in a way that’s that’s consistent and coordinated, and where each party is talking to each other and sharing notes on what they’re understanding and finding, and then sharing that with you and with others in your life.

Dr. Matthew Ashley 26:43

So our system over here is also highly fragmented, and that's at different levels of care. So, you know, your first encounter with the healthcare system here, I would imagine it's very similar. You're going to have EMS, and then you're going to have emergency department evaluation, which you know for stroke, is going to mean CT, most likely right out of the gates, many instances followed by MRI, not every instance in a situation like what you're describing with bleeding, sort of then you're off to the neurosurgical track.

Dr. Matthew Ashley 27:26

Do we need neurosurgical intervention? Do we need to decompress? Do we need to evacuate hematoma? Do we need to clip recoil aneurysms? There's a whole host of possibilities there. And then, if you're in the ischemic stroke bucket, you know, then you're onto the neuro interventional hopefully track if you're in time. And that means, you know, can we go in and extract clot and reperfuse area of brain, and that's all sort of this, what I would call hyper acute, you know, management that's happening within hours to the first day.

Dr. Matthew Ashley 28:08

And then that person's then going through a neuro, hopefully, a neuro ICU. In some settings, there may not be a neuro ICU, it might be a general ICU, and that's going to that period of time can last anywhere from a day to weeks, months of time depending upon this particulars of the scenario and that in that setting, things are relatively coordinated. And as you suggested, the degree of focus on recovery and rehabilitation is low. It's more focused on, let's stabilize, let's preserve, let's keep people, you know, frankly, alive. And then there is a shift.

Dr. Matthew Ashley 28:56

When people get to a more stable kind of situation and they're in the General Hospital sort of floors, then you can really start to dig a little bit more. But again, even then, the cognitive aspect of things usually is not being addressed. It's usually more focused, even from a speech perspective, it's more focused on things like swallowing and can you eat safely? Can you meet your nutritional needs by mouth, or do we need to do something else to help support you?

Dr. Matthew Ashley 29:26

So those are, again, ideally people are paying attention to some of the other aspects as well, but it's sort of buried in the background, and then from there, at

least here, the next step for I'd say most stroke patients is going to be to go to hospital based rehabilitation, and I don't know what that looks like in Australia, but that's that could be a different floor in the same building. It could be a completely separate facility. And that's the first time, at least, generally speaking, here, where, if patients are stable enough, people might start really honing in on some of those costs.

Dr. Matthew Ashley 30:00

Other processes and starting to address them, and then from there, it gets even more fragmented. It could be that person goes home from there, and then they're dealing with piecemeal as you suggested, you're seeing your physio in one hour on one day, and you're seeing your occupational therapist one hour on a completely separate day in a different location. They don't talk to one another, they maybe read each other's notes, but maybe not the neurologist who with I have tremendous respect for my specialty.

Dr. Matthew Ashley 30:36

But most of them, by that point, they're doing medical management of your risk factors and comorbidities, but they're not intimately involved in the rehab process. So that's where things get really split. And you know, at least here for us, the mission that our organization tries to fulfill is filling that void and getting people from that hospital based environment into a much more real world environment where they're in a living environment that looks like home. It's not a hospital bed in a hospital room.

Dr. Matthew Ashley 31:16

They're getting up in the morning, they're getting themselves ready. They're going to therapy, you know, during the day. And it's sort of reestablishing that kind of normal rhythm of life where you have a morning and you have a routine, and you get up and you go and you do your, you know, your work is, doing your recovery work. And it's with folks who all have experience in working with brain injury, and then also are talking to one another.

Dr. Matthew Ashley 31:46

And collaborating and saying "Hey, I've identified this issue, this problem that we need to try to address, and then everyone's working together to solve that. So, yeah, I think the description you gave is kind of the reason that our organization exists is to try to remedy some of those fragmented delivery models that exist.

Bill Gasiamis 32:13

I love the idea of that. So one of the big frustrations that I get is people tell me that they reached out to the neurologist, and they don't get the right kind of answer or support or help or whatever. But I feel like people are going to neurologists for the wrong reason. Can you give me a bit of understanding of why I would go to a neurologist, what type of information they'll provide, what kind of support they'll provide so that we can debunk the "I went to my neurologist and they didn't give me anything."

Bill Gasiamis 32:51

Like I feel like stroke survivors are clinging to neurologists as the be all and end all of it if I go there that they'll be able to look at my scan, tell me what's wrong with me, tell me how to fix it, put me through the whole system, but I think that we're misunderstanding what neurologists do.

Dr. Matthew Ashley 33:12

I would agree. And I think, you know, there are different types of neurologists and different sub specialists, so it's a little difficult to put everyone into one basket, but I would say that even within the field of stroke, neurologists who there is a sub specialty for stroke, most of that is focused on either the acute interventional side or in the clinical setting, you know, and meaning, like ambulatory clinic, the kind you'd walk into, they're going to be focused on what was the cause of the stroke.

Dr. Matthew Ashley 33:52

So causative factors, so that, and that can vary depending on the type of stroke and what you're really up against. So, looking at, is there something that was an underlying cause of stroke that we have not yet identified, that we could potentially manage and treat and prevent subsequent strokes? So with hemorrhagic stroke those are things like I've mentioned, where you have vascular anomalies, maybe you have certain conditions that are affiliated with aging, where people are prone to having bleeding into their brain.

Dr. Matthew Ashley 34:28

And I don't want to get too technical, we can Bill if you want. I just well in the audience with jargon. But there are conditions that can predispose you to having bleeding into your brain, the most common of which is some kind of vascular abnormality. But there are others, and then there are conditions that similarly will

predispose people to having ischemic strokes, a stroke where blood flow to the brain is interrupted. And that can range from the things that we all think about with heart disease.

Understanding Stroke Causes and Stroke Recovery Plateau



Dr. Matthew Ashley 34:57

So high blood pressure, high cholesterol, diabetes, smoking, history, etc, to genetic conditions where people are predisposed to forming clots, autoimmune conditions where people are predisposed to forming clots or having inflammation in their vascular wall, the blood vessel wall. So a lot of the emphasis with neurologists is on looking at, okay, why did someone have this event? And then, depending upon the nature of the event and where the damage to brain or potential damage to brain occurred.

Dr. Matthew Ashley 34:57

We can give some idea of what are the problems that people are going to be like to be experiencing. We can also do an in person assessment to identify some of those deficits. But what neurologists are not particularly well suited to do, at least in our treatment paradigm here in the United States, is to actually really dig in to the the nitty gritty, and, you know, identify. How do we, how do we help this person recover from this in a in a moment to moment, hour to hour, day to day, week to week basis.

Dr. Matthew Ashley 36:14

That's not generally speaking, I'm kind of an exception, in a way, because I'm part of something much broader than than me in our organization, but I'm even in our setting, I'm not the one on the ground doing that work that's being done, you

know, by all of the great people in our organization that I mentioned.

Dr. Matthew Ashley 36:35

So our therapists, the educational people, the counselors, the case managers, they're the ones who are really unpacking that just little by little and layer by layer, and helping people identify problems and then address them. So long winded, way to answer maybe, but I hopefully that is at least a start.

Bill Gasiamis 36:57

I think what I understand is that neurologists are diagnostic. They will diagnose something. Whereas, and when people go to them for solutions to cognitive deficits, my arms not working properly, physical deficits, etc, well then they're not really equipped to handle that intervention or that approach, or whatever it is that needs to happen for that person, but they're diagnostic.

Bill Gasiamis 37:29

They can tell you if the stroke that you experienced was caused by a one of the conditions you mentioned and in the or, if it was caused by something other than something that you're predisposed to in the brain, for example, a PFO. If somebody has a PFO, it's really not a neurological thing. It is a heart condition, and then that person would be sent off down that path. And I feel like that's a really classic example, actually, like, you know, somebody has a PFO, a clot is formed.

Bill Gasiamis 38:09

It gets stuck somewhere in the brain, it causes a stroke, and then often, stroke survivors are going to neurologists with those types of conditions. I've had a stroke, not realizing that it's kind of for lack of a better way of explaining it, not realizing that it doesn't matter specifically that they had a stroke because their underlying cause is a heart condition, and therefore the neurologist diagnostic and time, I would say, involved in that whole acute phase is going to be basically just stating the obvious.

Bill Gasiamis 38:52

There was a clot, it came from the heart, it isn't a brain problem, it isn't a vascular problem in the brain. It is just a stroke that was had, and I feel like that is probably the extent of it does. Does that encapsulate?

Dr. Matthew Ashley 39:10

There's a bit more so. So, for starters, you're absolutely right. Cardiac conditions can be the underlying cause of stroke, and that is well known, and the more common one than even PFOs, atrial fibrillation. So that's part of the diagnostic evaluations for ischemic stroke, is to look for those things and identify them and then manage them. So in the management of them, it depends upon what you find. So that is a big the diagnostic piece of neurology in stroke is definitely prominent, especially at the beginning.

Dr. Matthew Ashley 39:43

As time goes on, depending upon what's identified there is an ongoing role for someone from either a neurology or physical medicine and rehab, we background for managing things as they arise. So, as people go on, and again, to get technical. But there are many, many things that can happen down the line that emerge, because we know that even though stroke happens in one very short, finite period of time, it's really a it's an evolving process, the across, the recovery, and it takes a very, very, very long time to navigate all of that.

Dr. Matthew Ashley 40:22

So, you know, people will can develop, just to use one example, they can develop spasticity in their arm. I don't know if that's something that you experienced, and that is something that needs to be managed in various ways. That you can manage it with medication, you know, by mouth. You can manage it with peripheral interventions with injections, for with example, with Botox, or you can use other there are other techniques that can be used to help with that. And then, spasticity is a moving target. It doesn't it's not like it starts and stops.

Dr. Matthew Ashley 40:59

It has gradation, and so you've gotta sort of have a practitioner who's gonna work with you across time in identifying what's the appropriate intervention, and then where things settle 18 months down the line is likely to be very different than six months in which is likely to be very different than six days in. So, there is a role in an ongoing way for position level involvement, whether it's neurology or physical medicine and rehab, in managing things of that kind of ilk.

Dr. Matthew Ashley 41:35

But that there's not a day to day kind of role for most physician providers in rehabilitation that needs to be done sort of elsewhere. And I think if I was someone dealing with brain injury of any kind, but definitely with stroke, I would

hope to learn that initially, you know early on, so that you're not expecting that your neurologist, provider is going to do all that for you, because that, again, with respect to my discipline, we will fail.

Bill Gasiamis 42:08

That's, I think that's the point I'm trying to make, is that we the reason the neurologist deals with my brain. Therefore the neurologist should be able to handle all aspects of my brain. And it's just through a lack of awareness, a lack of knowing, a lack of having been in the system before, a lack of having experience with stroke. You know, you cling to somebody to help you in this space, and of course, you go to the person that you what's the word that you probably touched base first, and then you hope that that person's going to handle everything.

Bill Gasiamis 42:47

Because you don't want to go to 1000 different places. And that's kind of what I think does that. And I think also choosing the neurologist with the wrong speciality could be an issue too. Initially, without knowing you find a neurologist "Oh yeah, I've heard he's good. He's near me. I'll go and check that person out. I'll tell him what the problem is." You get there and it's like, there's not much more I can do for you.

Bill Gasiamis 43:14

You've had a stroke, etc. And then sometimes you might just come across the wrong person who says "You know, you'll need to be referred to a different area." Sometimes stroke survivors, patients also don't know to say, where else if I can't you know, if you're not the right person, who else should I go and see? That's kind of what I think is missing. And what I try to bring awareness to is like curiosity, more questions, more searching, be comfortable not finding the right person at the beginning and just be on the quest to forever find the right person for you, is my approach.

Dr. Matthew Ashley 43:56

I think you hit the nail on the head that's it. We have, and I think it gets even more confusing, honestly than it should be, because if you have a stroke, right, your intuition would be to go see a neurologist who has experienced a stroke, yes, and that's great, and then you should, but then there's a point at which it needs to be transitioned to someone who has more of an emphasis on recovery and rehabilitation. And that is not intuitive. So I think again, reaching your audience

with that message is is really helpful.

Bill Gasiamis 44:35

Yeah. So one of the big challenges that I have as a podcaster on this you know, in my little neck of the world, in my little nook in the world, I tried to be the bridge between stroke survivors, medical professionals, other. Stroke survivors, I just try to be a bridge. There's not much more that I can do, which is a pretty good thing. And one of the big challenges that I face is hearing stroke survivors, no matter where they are in the world, saying, you know, insurance said I've hit a plateau, because, and it doesn't matter their age.

Bill Gasiamis 45:21

And in Australia, it's a similar thing in that hospitals will make the decision that a patient has reached a plateau, whether it's the public or the private system, and one of the other areas that they do that in is where I feel people are discriminated against is older age. So in our family, my brother's father in law, had a stroke number of years ago. He's almost 80 years old now, and when he was assessed and discharged from the hospital. I think it was really abrupt.

Bill Gasiamis 46:02

Now, his stroke was about eight or nine years after my whole situation and my journey of navigating the hospital system, etc, and I feel like they kicked him out way, way sooner than they should have, making generalizations like that's about all he can expect, expect to recover and so on. And then handballed him home to his wife, who's similar age and who are caring for who are caring for a child who was born with cerebral palsy. So that's really close to my heart. And I'm thinking, you know, they did a terrible thing, discharging this gentleman so so early.

The Concept of Stroke Recovery Plateau and Its Implications



Bill Gasiamis 46:56

Now, when I interview stroke survivors, I often hear “You know, they cut off my rehab because they said I’d reach the plateau.” And I feel like, and want to have a conversation around this. I feel like that word you’ve reached the plateau is just a term that insurance companies and hospitals use to remove somebody from the system.

Bill Gasiamis 47:22

So that’s either costing them too much money, so that they can bring somebody else in a to create space, but also be that they’re more likely to get an outcome on give me a bit of an insight into what you feel like that plateau is all about, and why it even gets used in rehabilitation of people with neurological conditions.

Dr. Matthew Ashley 47:52

Yeah, you know, it’s funny, Bill, you use that word plateau, and I don’t want to say that’s a dirty word, but you know, to me, it’s a word that I share your frustration with. We have a saying at our organization that “Patients don’t plateau, people don’t plateau.” I’m not done getting better in my life. So I don’t know why I would think that other people should be. Now that said, I understand the background of where the term comes from and it is important to be able to communicate as best we are able expectations and prognostic implications to people and their families.

Dr. Matthew Ashley 48:42

So, you know, we know that recovery trajectories tend to be steeper earlier on than they are as time goes by, that said there are certain things that I think get frequently mentioned to patients when they’re early on in the course of their illness. And I think these things are said in in well intentioned ways, but they are not necessarily always interpreted or heard or or even said in the way that’s most

beneficial.

Bill Gasiamis 49:24

I'll interrupt you for a sec. I'll tell you what those things are. You're probably never going to walk again, or you're probably never going to go to work again, or you should think about retiring or and so on and so forth. A stroke survivors whinge about it still to this day, every opportunity they get, because they still happens so much and you're probably never going to walk again. It seems to be a really disheartening way to have somebody you. Leave a hospital so you rehabilitated them. You've made them healthy enough to live.

Bill Gasiamis 50:05

And instead of now encouraging them to take the next step, you're going, we got you kind of there, but you're probably not going to walk again. Out you go, it just seems so it's so counter intuitive to say that I'm putting all this time, money, resource training, 100 years of medical knowledge, into keeping you alive and stopping you from having another stroke, but you're probably never going to walk again.

Dr. Matthew Ashley 50:39

Well, I would go further Bill and say, not only is that not helpful, it's also probably wrong, because, at least as it pertains to people who've had a stroke, because the numbers will show that most people who've had a stroke particularly of the where you're having that level of dialog and conversation, most of those folks will walk again, you know, and they're given the right set of circumstances. So I that's a big no no. I mean, I don't know why that. I, yeah, that's not something the one I think is more commonly said is putting a timeline on certain things.

Dr. Matthew Ashley 51:26

Yeah, you know, if you get to the three month interval or the six month interval or the 12 month interval, that gives you a good idea of where things will be, and while, on some level, that statement, there may be some degree of accuracy to some components of it. I don't think it's helpful, and I think that it artificially places a barrier where none necessarily exists, and because people do continue to improve, not just through 12 months or 18 months or 24 months, but I mean, for very long period of time.

Dr. Matthew Ashley 52:03

So, I think that's discouraging, and I don't know that it's useful. I think it comes from a place that's well intentioned, where, you know, often people are asking, what do we expect? And rather than having a a more nuanced and more difficult discussion that is hard, which is to say, you know, I can't really tell you an answer to that. I can tell you some experience with it, but that doesn't apply to you, because you're one person, and your loved one is one person, and they're going to experience their recovery trajectory as they experience it.

Challenging the “Stroke Recovery Plateau”

Dr. Matthew Ashley 52:50

I think people default to these sort of more simple answers, and this relates back to your plateau comment, because I think that idea of a plateau is part of the part of the problem, if you will. And and that isn't to say that at some point pragmatic discussions about levels of care, you know whether people stay in ICU environments, whether people stay in hospital environments, whether they stay in rehabilitation hospital environments, whether they stay in facilities like ours.

Dr. Matthew Ashley 53:31

Those discussions are important and they need to be had, but they don't have to be had in such a way that places a limit unnecessarily on an individual's recovery, prognosis, quality of life, etc. Am I drawing a meaningful distinction, or is it absolutely.

Bill Gasiamis 53:53

Well I completely understand, and I think, I don't think a doctor sets out to discourage, I don't think a doctor sets out to possibly create a negative, a negative association afterwards. It's just that there's not a lot of thought put into what you said “How am I going to have the exit conversation with my patient?” Or “How am I going to open the first conversation.” I just and I also get it like I'm not having a go at physicians specifically more about the words that they use and their inability.

Bill Gasiamis 54:48

And part of it is also their ignorance of I don't know what it's like to have a stroke, so you might see people having strokes, and you're dealing with them all the time. You've never had one, and that's really cool. Actually want you to have one so that part of it, it's multifaceted, I suppose. What I'm trying to do is allay the concerns

of the listeners who have had that comment made to them, and then take it to heart and then prove their doctors right instead of wrong.

Bill Gasiamis 55:23

I would much rather say "You know what? Just if you're not that kind of person, if you don't do things just to prove people wrong, maybe you should start now." This should be the timing, let's just prove them wrong. Because wouldn't it be great if you went back for a follow up appointment 12 months later and said "You were wrong, Doc." You know, like, and it's not because you want to have a doctor who's wrong. It's just because you want to, you're going to break down this kind of barrier that doctors have around.

Bill Gasiamis 55:59

"Can I be honest with this patient." "Can I be honest by saying I don't know, and I don't have all the answers for you, and that's all, that's all that is." I know that nobody becomes a doctor to then dis harden somebody on the way out and say to them "I've done all this stuff to help you out. And, yeah, forget about it, you're done." I know that doesn't happen.

Dr. Matthew Ashley 56:24

No, I think those kinds of comments again, they're, they're, they're coming from a place of, of attempting to provide something, yeah, I just think they, I think they end up, as you mentioned, being net negative for the moment and the experience. And I think, you know, as people, but definitely as physicians and medical providers, we have to be humble and recognize when we don't know things and knowing someone's recovery trajectory from stroke. I mean, I'm getting a little bit grayer by the day, and I still don't know.

Dr. Matthew Ashley 57:04

So, I think you know, you have to balance the need that people have for getting information and some kind of conceptualization and an idea of what to expect with the downside of placing limits on people, and also Bill, I think it's important for me to acknowledge, you know, my bias. We probably share the same bias in the sense that, you know, I see the people who make it to my level of care, and the people who we get the opportunity to provide care for, and in many ways, sometimes those are the outliers.

Dr. Matthew Ashley 57:51

Those are the people who do, as you suggest, kind of buck the odds or and you know, I would echo your sentiment, you know, give yourself the chance as a as a person who's experienced this, to maximize what what you can accomplish in the wake of it, I think, you know, don't accept those limits on yourself, at least in terms of those kinds of broad statements. And as you get further out, there is a balance to accepting the new normal, while still striving for more okay and giving up there, those are different things.

Dr. Matthew Ashley 58:38

And I think the the negative aspect of what we're talking about is the component that might lead someone to giving up on something that otherwise might be attainable. And there that, again, we're talking about stroke and recovery from stroke. There are other situations when you talk about spinal cord injuries or things of that nature, where you know, where a statement like, walking is probably going to be really challenging to attain, is more accurate. So again, we're doctors, are people, and they have to learn things.

Dr. Matthew Ashley 59:22

And sometimes, these are things that people have to learn along the way by being humbled by an experience like what you're saying of someone coming in and defying what they expected. But I think I don't know how many physicians are listening to this, but hopefully, maybe this is a way they can learn it. I think, you know, physicians learn from patients, the smart ones all the time.

Bill Gasiamis 59:50

Yeah, that's it. I think I'm telling stroke survivors patients to be the outlier. Aim for being the outlier and see where it falls. You might go for being the rare person who does the opposite of what their doctor said they would achieve. And you won't know that unless you go for it.

Bill Gasiamis 1:00:19

You've got to go for it, and you have to make sure that you put all your time, effort and energy into that and take a comment from a doctor as something that may have been inappropriately applied to your situation, because that doctor had a hard day and thought they were talking to a different patient, just put it down to a mistake.

Dr. Matthew Ashley 1:00:48

Yeah, and ultimately, like I said earlier, I'm not done trying to make myself better, right in general, so I don't think anyone should be right. We should always be striving for for more, and, yeah, I love that approach. I think it's great, I think it's, you know, people who are dealing with with recovering from stroke are going through so much, and that day to day, ups and downs can be so difficult on their own, let alone if you have this sort of broad, you know, negative limit that someone has put over your head.

The Role of Nutrition in Stroke Recovery

Dr. Matthew Ashley 1:01:37

So yeah, chalk it up to a bad day, chalk it up to a a bad doctor. Chalk it, I don't know, you know, just but forget about it and move forward and try to get better.

Bill Gasiamis 1:01:51

Your organization, Center for Neuro skills, I'm on the website right now, looking at the programs that it offers. You've got therapies are for, you know, you've got aquatic therapy, which I absolutely loved when I went through rehab. It made me feel safe. It made me feel like I can't fall down. It was just, you know, it was amazing to be in a swimming pool and doing my walking rehab in there. You've got cognitive therapy counseling, which is just fabulous. I would have loved to be able to access counseling while I was in rehab. I did access it outside of rehab.

Bill Gasiamis 1:02:32

So I was going to outpatient counseling. Probably at the beginning I was going, maybe I'd say once a month or twice a month, depending on how much mental challenge my new mortality had created in my Life. You've got education therapy, you've got neuro behavior therapy. I mean, you guys do so much occupational therapy, physical therapy, speech and language therapy, vestibular therapy, vision therapy, you've got it all. I love it. I wanted to ask you specifically about nutrition.

Bill Gasiamis 1:03:20

It's a big emerging intervention that people can use to make a massive difference in the way that they experience their body after stroke, particularly fatigue. Experiencing fatigue after stroke seemed to decrease when I changed my habit of eating a really high processed, large amounts of carbohydrate diet to a lot less of that, and then increasing my protein levels and my vegetables, that type of thing.

Now, maybe you can't answer this question, then that's okay. But is there any work done in your organization that addresses people's nutrition?

Dr. Matthew Ashley 1:04:14

I mean, we certainly try so, the issue of nutrition is big, and I think what you just described sounds like a great move overall, in terms of just your general health, right? I mean, most of us, fortunately, we exist in a time in human history where we're not just fighting for calories, right? We're able to choose the kinds of calories we get and where they come from. We can choose them for different reasons.

Dr. Matthew Ashley 1:04:49

We can choose them because we want to enjoy them right then, or we can choose them for better outcomes in terms of whatever that is, if we have specific concerns, if you know we're diabetic or we have cholesterol issues or hypertension and whatnot. So, I mean, it sounds like the general thing that you did was a smart move, just any doctor would paint that with a broad brush as a good choice in terms of the effects specifically that it's going to have on neurological recovery.

Dr. Matthew Ashley 1:04:49

I mean, I think in general, the things that we do that promote good overall health are going whether that's controlling intake of carbohydrates with high glycemic index, etcetera, or controlling just our overall caloric intake, control, getting adequate protein, getting adequate fiber from those red and green vegetables. Those are all things that help promote general health. And General cardiovascular health is brain health. I mean, our brain is the same. We're perfused in our brain.

Dr. Matthew Ashley 1:06:02

We get blood flow from the same blood vessels we do in our heart and everywhere else. And there's probably more to this story that has yet to be fleshed out, right? I'm not as familiar with some of this in terms of stroke specifically, and more so in terms of traumatic brain injury, but we know that, when there's an insult to the brain from trauma, different factors relating to call it homeostasis, right inflammatory markers, cytokines, different patterns of activation of different cells, glial cells in our brains.

Dr. Matthew Ashley 1:06:47

They are perturbed and that that persists for long periods of time. So, you know, I don't pretend to be an expert on nutrition or on that other buzzier field, that it's kind of the microbiome, right, and all of these things. I think anyone who purports to tell you they have all those answers, you should probably run the other direction, because they're probably not being honest with you, but it's definitely something where, in the coming years, decades, etc., we're going to learn a lot more, and we're going to know better how all of this is interacting with each other.

Dr. Matthew Ashley 1:07:29

But what I would say is that if you noticed that difference, Bill, run with it, right? Stick with it. And I think there's more to come on the front of you know, where, what are the effects of some of the various medical interventions that we have that are controlling, our appetite, our caloric intake, and having impact on satiety and other things. And it gets even more complicated when you start incorporating those things, and then when we have insults to the brain from trauma, but also from others, you can impact the the hormone systems of the body.

Dr. Matthew Ashley 1:08:12

Because we don't think of our brain as controlling all of these things, but it does. It controls things as simple as our heart rate and our respiratory rate and and our metabolic rate. So there's a lot to unpack there. I don't pretend to have all those answers, but I will say, I think what I advice I give to patients.

Dr. Matthew Ashley 1:08:12

If they're inquiring about their nutrition, is the things you just suggested, get lean protein sources, you know, get your red and green vegetables that have nutrients and fiber in them, that's those are the primary components that, at least in the Western diets, tend to be areas of relative deficiency, right? And then avoid those.

Bill Giasimis 1:09:01

Cans of COVID.

Dr. Matthew Ashley 1:09:02

Index carbohydrates. So, yeah.

Bill Giasimis 1:09:06

Look, it might be a little bit an unfair question. I didn't ask it to put you on the spot or catch you out or anything like that, but it's a common thing that people

overlook. You know, I'll interview stroke survivors to tell me that they're eating healthier, and they'll pick up a can of soda while we're in the interview. It's, I don't know, maybe it's my job to say you're probably doing the wrong thing there, and maybe I have permission or not to do that during an interview. I don't know, but it's interesting that there's still not enough conversation.

Bill Gasiamis 1:09:36

I think, happening around the impact of nutrition. There's a lot of new research coming out, and there's a lot of people reporting on, when I say a lot of people, a lot of people in the medical fields are reporting on the benefits to the brain by changing the diet. And it's exactly what you said, you see the same you. Diets being thrown around for heart disease, cancer risk reduction, all these things and often you don't see them tied into brain health.

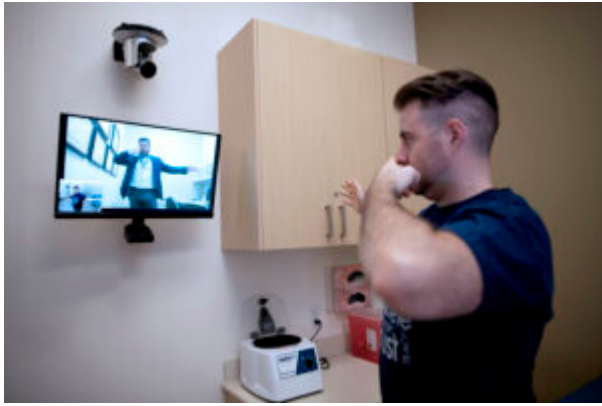
Bill Gasiamis 1:10:14

And you have to hear that conversation from somebody specifically from your type of specialty, or one of the specialties around brain. And you know, there's a psychiatrist releasing studies and books about nutritional psychiatry and how some people will respond, I imagine, in combination with other therapies, really well to changes in their diet and what we're talking about reducing always are the things that I think the conversation started for me.

Bill Gasiamis 1:10:14

At least I started to notice a lot more conversation around diet and the brain health, probably at the beginning of, say, 2013, 2014 somewhere there where it really started to take off. And people were just talking about, reducing white, highly processed breads, cereals and sugars. And that was my diet. I did basically that, what they said, reduced the amount of sodas I was drinking in a decreased amount of white bread I was drinking I was eating with every single meal. And stopped having cereal for breakfast, and my fatigue dramatically improved.

Navigating Stroke Recovery Plateau : The Impact of Nutrition and Medical Guidance



Bill Gasiamis 1:11:39

I stopped having sugar in my coffee, and that made a massive difference. It was kind of the thing that I could do to support my body, and didn't have to outsource that onto my neurologists, my physical therapists, my cognitive therapists. You know, I didn't have to do that as well. I could take that little responsibility, and I could control that really well. And I just feel like as far as the science is concerned.

Bill Gasiamis 1:12:13

There still seems to be a little bit of a gap that needs to be made up by the medical industry about how to approach nutrition, and I understand there's more to it than what I'm saying. There's more to it as to why that might be the case. A lot of the times that might be the case because, again, physicians are just not skilled in that area. They're not educated in that way, so they can't advise something that they're not practiced in.

Dr. Matthew Ashley 1:12:49

Yeah, I think you're right. And I think you know, the area of human nutrition is, you know, it's a battle zone. Sometimes, I think people are there. There are some, what I would say, entrenched camps, who have very strong feelings about about one thing or the other. But where, I think there does seem to be consensus, if you will, right is that you know caloric values matter and making sure that you know you're, you're adequately controlling your overall level of energy intake, right?

Dr. Matthew Ashley 1:13:36

And I think I don't know how it is in Australia, I know that here in the States, you know, unfortunately, many people here are suffering from, like, energy toxicity, right? We're, like, taking in too much, and we need less, given what we're doing with that energy. So, you know, the obesity epidemic is real, and it has very real consequences, physiologically, and where I think, where I think things get a little

more squirrely and difficult to discern, where the truth is, when you go kind of beyond where I've said, which is okay, we have consensus, calories matter.

Dr. Matthew Ashley 1:14:16

You need adequate protein, you need adequate fiber and nutrients, simple carbohydrates, probably not great for us in large amounts. Everything beyond that starts to get a little more difficult, but I think from a pragmatic perspective and an ease of use perspective for, you know, frankly, just people in general, but definitely patients focusing on those variables can go a long way in making things better. And the other part, component of it that we haven't really touched on right is.

Dr. Matthew Ashley 1:14:53

And I think it's interesting, and maybe you're the person you're referencing that comes to nutrition from a kind of psychiatric. Perspective, I think it'll be a fascinating thing to do, because ultimately, our diet and our eating is human behavior, right? Which is a purview of our, you know, our whole body and system. So we know we can alter how people feel about eating now with some of these GLP one inhibitor medications.

Bill Gasiamis 1:15:27

Ozempic, for example.

Dr. Matthew Ashley 1:15:29

Yeah, and it's not an I think the notion that that eating and diet and nutrition are all matters of sort of choice and willpower and whatnot. I think it's dated, I think, and we know this in the neurological setting, in terms of brain injury, because we have people who you can have the right injury to the brain, where people will not appropriately satiate and they will eat far beyond what they should, and from a health perspective, and also what they did before they had this brain injury.

Dr. Matthew Ashley 1:16:20

And there's a neuro term for it, because we have to have words for things, so we can sound smart, right? But this is hyper faci. This is known. You can induce this if you damage someone's brain in the right way. So that tells us that this is not a matter of, necessarily, always, decision making or or willpower. It's, you know, so we, if we have interventions that work, we need to use them. So the role of all of this is still evolving.

Bill Gasiamis 1:16:49

I love that you said that about the possibility that somebody could injure their brain in that particular place. That changes the way that they experience satiation or not, because I've met stroke survivors who do not get the signal to eat, who actually forget that they need to eat, and they have formed a new habit, and they eat when other people in their family eat. And as a result of that, they've lost, two thirds of their body weight, they were overweight, and they had a stroke, and then, as a result of that, they don't get the signal for hunger.

Dr. Matthew Ashley 1:17:29

Well, they don't, there's that. There's also, you know, I mean, this, it's very, very complicated to try to unpack all of this. But you know, we also know that our nervous system controls our gut too, and our gut has its own nervous system, and it has that's what promotes motility in the gut and moves food along. And if it's moving relatively faster or slower out of your stomach, you're going to feel more or less full from that standpoint. And then you're going to impact absorption, potentially of different things.

Dr. Matthew Ashley 1:18:10

And so it gets to be because, exactly as you said, you can have people who, in the wake of a neurological insult, they either don't satiate so they just want to eat all the time. Or they have difficulty with controlling their behavior from an inhibitory standpoint, and so they see food and they want to eat it. Or you can have the opposite, like you're saying, where maybe they have a really big problem just with initiation in general, so they don't initiate eating. Or maybe their gut isn't quite working the way that it was before all of this happened.

Dr. Matthew Ashley 1:18:52

For any of various and sundry reasons, and so they feel full all the time and they don't want to eat. Or, you know, their food moves more slowly, and they don't absorb as well, or, you know, the certain essential amino acids aren't getting absorbed. And there's a whole host of possibilities there that are complicated, and I don't pretend to understand them, nor do I think they are understood, but they're there to be explored.

Dr. Matthew Ashley 1:19:20

And for an individual who's going through that, I think at least understanding that it may be connected is a good starting place to try to approach things from a

practical perspective.

Dr. Ashley's Organization and Its Services

Bill Gasiamis 1:19:33

Yeah, I really appreciate your insights into that. The things certainly that I haven't thought about as well, and I don't begin to know the first thing about I just know what worked for me, which was just very simple changes. And they would probably work for anybody, regardless of whether they're experiencing a stroke or they've had a heart attack or cancer or whatever. It would just make life a little bit easier. And with diet was one of those things that I knew I wasn't doing well, that I could have improved, and then became necessary for me to improve after I became unwell.

Bill Gasiamis 1:20:16

As we wrap up, I just want to make sure that people who may want to reach out to you know where to go. Tell me the name of the organization, how people come into your organization to work with your team, like, what stage of of their recovery, perhaps, does that happen? And yeah, just give me a little bit of insight into that.

Dr. Matthew Ashley 1:20:43

So, again, our organization is called Centre for Neuro skills. Centre is actually spelled C E N T R E, we can, you can find us on online, you know, in your favorite search bar du jour, or you can throw in neuroskillsdot.com, and that'll bring you right to our page. Our page has a tremendous amount of information about things like what we've been talking about as well. So it's a great resource, just for people in general, who have experienced any kind of acquired brain injury.

Dr. Matthew Ashley 1:21:16

Whether that's traumatic brain injury, stroke or there are many other buckets we in terms of how people find their way to us. You know, we really again, fill that need between either hospital based rehabilitation environments and home. That's kind of in my mind, the ideal scenario is don't wait, you know, and get home and realize six months down the line that you know, you really would benefit from something like what we provide. You know, seek out services, whether it's with us or someone else you know, like us.

Dr. Matthew Ashley 1:21:57

And there are other organizations out there that, do you know similar things? You know, take advantage of that. I guess if you're especially if you're in the states and it's an option for you, but if it's with us, great and we can also help folks who have, maybe they've been at home after the hospital, and they've realized, I'm I need a little bit more than a couple hours a week of physio and OT and speech in that fragmented kind of environment that we described.

Dr. Matthew Ashley 1:22:37

So, yeah, so there's contact information for how to reach out on the website, my information and bio and all of that is, is on there. I am one tiny portion of a much larger thing, and I stand on the heels of every one who built the organization before me, and everyone who does it now. So I'm just a small part of it. I think it's much it's much broader in terms of people who might want to reach out and work with us. I mean, I'm totally biased.

Dr. Matthew Ashley 1:23:07

I think we have a great organization that, you know, the work that we do is so inherently gratifying that I think it's a great place to work. But you know, people who come from any of the backgrounds I mentioned on the clinical side, whether that's medical, nursing, physical therapy, occupational therapy, speech, case management, social work, backgrounds, counseling backgrounds, substance abuse backgrounds, we need people from all that to help people.

Final Thoughts and Resources

Dr. Matthew Ashley 1:23:38

And then, of course, we also have a lot of administrative and other kind of back of house people that really do great work for us too, and help support the clinical mission by helping the business mission. So yeah, people who are interested in working with us, please. There's contact information on there for our various occupational avenues to. Did I cover everything you asked me?

Bill Gasiamis 1:24:09

I think so. You think really well.

Dr. Matthew Ashley 1:24:11

Yeah, the other thing I will say is for people who are recovering from stroke and

suffering from stroke, I'm also an as in regards to these organization, we're involved with American Heart Association. Lot of information about stroke in general that is written at a level for people to understand is available through the American Heart Association's websites, guidelines, etcetera. So that's another good resource for people to to kind of start with.

Bill Gasiamis 1:24:39

We'll have all the links in the show notes anyway, for people to find you guys and yourself, I really appreciate your time. Thank you so much for joining me and answering my questions.

Dr. Matthew Ashley 1:24:49

Yeah, I appreciate being here. Thanks very much, and again, congrats on building such a great platform. It really is something special.

Bill Gasiamis 1:24:59

Well, that brings us to the end of this eye opening episode with Dr. Matthew Ashley, his perspective as both a neurologist and legal advocate challenges the traditional concept of a recovery plateau, offering hope and practical strategies for stroke survivors who are determined to keep improving. Before we wrap up, I want to thank everyone who's part of this incredible Recovery After Stroke Community. Your support through comments, ratings and shares on YouTube, Spotify and iTunes is what keeps this podcast going.

Bill Gasiamis 1:25:33

If today's episode resonated with you, please consider leaving a five-star rating or a like and a comment. It truly helps others discover the hope and inspiration found here. For more information on Dr. Ashley's work, please visit his website at neuroskills.com to learn more about his comprehensive approach to stroke recovery. And if you'd like to support the podcast, head over to patreon.com/recoveryafterstroke.

Bill Gasiamis 1:26:02

Every contribution helps me bring more stories, resources and hope to stroke survivors around the world. Thank you for listening today. I look forward to bringing you more inspiring stories and practical insights in the next episode. Until then, take care and remember your recovery is possible one step at a time.

Intro 1:26:23

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Intro 1:26:53

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Intro 1:27:18

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Intro 1:27:44

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