

Sent Home Mid-Stroke: CEO of Optometry Canada on Vision Loss and Recovery - Francois Couillard

Stroke Symptoms Dismissed - What Happens When the CEO of Canada's Optometry Body Has a Stroke

Stroke Symptoms Dismissed: François Couillard has spent his career protecting people's vision. As the CEO of Optometry Canada, the national body representing every optometrist in the country, he understands better than almost anyone how much vision matters, what threatens it, and how to preserve it.

Then he had a stroke. And it only attacked his eyes.

The irony is not lost on François. But what makes his story essential listening for every stroke survivor and caregiver isn't the cruel symmetry of it; it's what happened at the emergency department before his stroke even reached its worst point.

His symptoms were dismissed. He was sent home.

When Stroke Symptoms Are Dismissed

François arrived at the ER with symptoms. He was assessed and sent home. What the medical team didn't know and what François didn't yet know was that he was mid-stroke.

He walked home alone in the middle of the night.

This is not an isolated story. Stroke symptoms dismissed at the emergency

department are more common than most people realise, particularly when the presentation is atypical. Symptoms that don't match the classic FAST criteria, such as facial drooping, arm weakness, speech difficulties, and time to call, can be overlooked, minimised, or misattributed. Visual disturbances, in particular, are frequently missed.

For François, the consequences became clear the next morning.

Waking Up With Vision Loss After Stroke

François woke up having lost the right visual field in both eyes permanently. The condition is called homonymous hemianopia: a stroke-related vision loss that removes the same portion of the visual field from each eye simultaneously.

Here is what makes it disorienting: the brain doesn't show you the gap. It fills it in. You don't see darkness where the vision is missing, you see what your brain invents to complete the picture. You look normal. You appear, in many ways, almost normal.

But you are not.

The Hidden Cost of Stroke Vision Loss

What François describes and what many survivors with stroke-related vision changes will recognise is the extraordinary cognitive load of compensating for what you can no longer see.

The brain works continuously to fill in the missing visual field. That work is invisible to everyone around you. There's no cast, no limp, no obvious marker. But the fatigue it generates is profound and relentless.

This is the invisible disability that follows many stroke survivors: the gap between how they appear and the effort required to simply exist in a world that assumes full function. Stroke vision loss recovery is rarely straightforward, and the fatigue accompanying it is one of the least-discussed consequences of stroke.

François knows this intimately. He continues to live it.

One Week Post-Stroke: 100km on the Bike

One week after his stroke, François completed a 100km cycling event.

One week. 100 kilometres.

This isn't recklessness, it's the character of the man. A pragmatist who processes by doing, who defines himself not by what has been taken but by what remains. His approach to his stroke carries a dark honesty: he hasn't minimised what happened, but he hasn't surrendered to it either.

The 100km ride is not a metaphor. It happened.

Returning to Lead a National Health Organisation

François returned to his role as CEO of Optometry Canada. He leads a national health organisation while navigating permanent vision loss, invisible fatigue, and the ongoing adaptation that stroke demands.

He also carries the particular weight of professional identity intersecting with personal experience. The man who has advocated for Canadians' vision health now lives with the consequences of a stroke that targeted exactly that. He has become, in a specific and irreversible way, both the professional and the patient.

That dual perspective, the insider who became the survivor, gives his voice a precision that very few stroke stories carry.

What This Episode Is Really About

Episode 406 of the Recovery After Stroke podcast is not simply about vision therapy after stroke, although François discusses that too. It is about what happens when stroke symptoms are dismissed and the cascade that follows. It is about the invisible burden of neurological fatigue. It is about identity, adaptation, and the kind of resilience that doesn't announce itself.

If your stroke symptoms were dismissed, or you know someone whose were, François's story will feel familiar in a way that is both validating and important. If you are navigating stroke vision loss and wondering whether the fatigue you feel

is real, it is, and François names it plainly.

Listen to Episode 406 with François Couillard available now on all major podcast platforms.

Bill's book - The Unexpected Way That A Stroke Became The Best Thing That Happened

Support the show: <https://www.patreon.com/recoveryafterstroke>

Sent Home Mid-Stroke: CEO of Optometry Canada on Vision Loss and Recovery - Francois Couillard

When François Couillard, CEO of Optometry Canada, went to the ER with stroke symptoms, he was sent home. By morning, he had permanently lost part of his vision. In this episode, he shares his experience with stroke-related vision loss, invisible fatigue, and the resilience required to adapt and move forward.

Highlights:

00:00 Introduction

01:13 The Stroke Experience

04:14 Diagnosis and Aftermath

13:05 Navigating Recovery and Support

17:13 Vision Challenges and Cycling Safety

23:10 The Impact of Stroke on Daily Life

29:47 Finding New Connections and Balance

37:40 The Importance of Downtime

46:08 Impact of Stroke on Daily Life

51:05 Understanding Stroke and Its Misconceptions

56:18 Mindset and Recovery After Stroke

Transcript:

Introduction - Stroke Symptoms Dismissed

François Couillard (00:00)

I had no other symptoms. Everything else was functioning. I could touch my nose. I could do everything. So they said you had that episode, you zapped a piece of your brain and now go home.

Bill Gasiamis (00:00)

What a nerd he is.

François Couillard (00:14)

it's ironic that I worked in the field of the eyes of vision. And the only thing that got affected on my stroke was my vision.

Bill Gasiamis (00:25)

Hello everyone, welcome to the Recovery After Stroke Podcast. I am your host, Bill Gassiamas. My guest today is Francois Couliard, the former CEO of Optometry Canada, the national body that represents every optometrist in the country. Francois has spent his career at the intersection of vision health and leadership at the highest level. And then he had a stroke. His only symptom was visual. He went to the emergency department and was sent home.

And what happened in the months, hours, days and months that followed is a story about the gap between how you look and how you feel, about the invisible cost of neurological damage, and about what it means to keep leading an organization dedicated to the very thing your stroke attacks.

The Stroke Experience

Bill Gasiamis (01:13)

Francois Couillard, welcome to the podcast.

François Couillard (01:16)

Thank you, Bill. It's a pleasure to be here.

Bill Gasiamis (01:18)

Thank you for coming to me all the way from sunny Canada, it looks like through your window there.

François Couillard (01:24)

It's very sunny, but it's cold. was like a few days ago, it was 29 Celsius and then yesterday morning was plus two Celsius. So it's still a little nippy in the morning.

Bill Gasiamis (01:34)

Ugh.

It was 29 Celsius and plus two.

François Couillard (01:42)

Yeah, it went from 29 to plus two in 24 hours. That's my part of the world.

Bill Gasiamis (01:46)

Wow,

I thought Melbourne was crazy like that. Often we have 40 Celsius days in summer and then the next day it will be 20 Celsius.

but I think I prefer the 20 Celsius one than the plus two Celsius one.

François Couillard (02:02)

Yeah, and we go in winter, we get to minus 30. So this is not bad. We don't complain at plus two. Still nice.

Bill Gasiamis (02:11)

Whereas I would definitely complain. Tell me, tell me a little bit about what happened to you.

François Couillard (02:16)

So a few years ago, I was sitting at the kitchen table with my wife on Halloween and I'd worked all day at my desk. I'd done some strenuous exercise in the morning. Like I do a lot of exercise. ~ And my wife is sitting on my left. There's just the two of us around the table. And I turned to her and I say, it's funny. I don't see you that well.

I can see the world, but you're a little bit, I can't describe it. It's just difficult to explain, but I just don't see you well. Now I happened, and she said, you look fine and everything. happened to, at that point I was working with the Canadian Association of Optometrists. My role was CEO of the Canadian Association of Optometrists. So anything site related, I'm gonna call an optometrist. I'm not an

optometrist myself.

Diagnosis and Aftermath

So I called the president of the association. had just talked to him an hour or two ago. I said, hey, ~ I'm having this thing there. Should I worry? And he said, well, it could be one of two things. You're either having a ~ migraine headache or you're having a stroke. So go lie down for half an hour. And if it's still there, head to emergency.

So that's why I did not lie down for half an hour. I stood up and told my wife and that's still there. We live five minutes from the hospital from a nice large tertiary care hospital. So she took me straight there. I was full of energy just like I am now bubbly, no pain, just this funny thing. So I walk in the emerge and I tell them, you know apparently I'm having a stroke with the looking at me and it's like, you don't look like you're having a stroke, but okay. ~

So they got me through fairly quickly, maybe half an hour. They triaged me in. ~ they asked me all sorts of questions and, ~ I got the CT and came back and said, yeah, you had a stroke. So I, ~ they, they gave me a rain check. I walked back home in the middle of the night and, ~ I almost got lost cause my site was so bizarre. I couldn't have my bearings. So I went back home and.

Then I started having a pretty bad headache and ~ that's it. That's the start.

Bill Gasiamis (04:45)

I was going to say that sounds very uneventful, but then they sent you home.

François Couillard (04:49)

Yeah, they just sent me home. Yeah. Yeah.

I had no other symptoms. Everything else was functioning. I could touch my nose. I could do everything. So they said you had that episode, you zapped a piece of your brain and now go home.

Bill Gasiamis (04:52)

What a nerd he is.

François Couillard (05:06)

the interesting thing which I learned after the fact, if you have another type of

stroke, whether you become paralyzed to a certain extent, quickly they put you in touch with people that will help you with rehab, right? You're going to have physiotherapists and all that.

And in this case, no, they were kind of happy that they, was out of danger, it's a large emerge. So they've done their job. I'm not dying. And, but as far as treating what happened to me, which I actually lost a quarter of my field of vision. So I've got quadrantanopia. They said, go and get a field of vision, a proper field of vision test and get that done by an ophthalmologist.

And to argue with them, know what, optometrists can do that too, and I can get the appointment next day. Australia and Canada have pretty similar scopes of practice for optometrists. We're lucky in the States as well. Other countries, it's typically ophthalmologists, but in our countries, we have good optometry. So, anyhow, the next day I had an appointment with an optometrist, and I did the field test, and it showed, boom.

But then for the next several weeks, I personally figured out what sort of assistance I could get. Vision therapy. I got some help also to set up my screen so I wouldn't get too much ~ glare and too many contrasts. So just getting that adjusted. And there's organizations in Canada that help those that are vision impaired. And I was able to get in pretty quickly to get access to those people. I knew where to go.

But the system didn't send me to any of that. And so that's what prompted me to call you and share my experience because ~ unfortunately, for a minor, I call it a minor stroke for me. I was very, very lucky. ~ It seems that if it's just a vision, there's not too much out there. There's not that much awareness that something can be done and should be done.

And we also need support. So that's why I thought I could share my.

Bill Gasiamis (07:18)

That's a great reason to share your experience. I'm still stuck on the fact that they sent you home. So if you're having a stroke or had a stroke ~ and it was fresh, right? You were fine a few hours earlier. Now you're having a stroke. You would think that the doctors would say, well, should we investigate the cause of this person's stroke? It could still be an ongoing issue.

François Couillard (07:31)

Yep. Yep.

Right.

Well, they did some tests and blood work and all that and immediately they couldn't find anything. It actually took them about eight months to figure out what might have happened. It was definitely a clot. And after a bunch of blood tests done by a very specialized neurologist, they discovered that I had a genetic mutation for prothrombin.

2 % of the population has that. I just happened to have that and also had a PFO. So it is possible and they found that I had little clots in my my low in one of my lower legs. So it's possible that a clot left went on a field trip through my through my heart bypassed the lungs went straight to the brain. So that's probably what happened. But no, they did.

They didn't know for sure. Actually, when I showed up in eMERGE, and that's the other thing, they were very poorly set up to diagnose and evaluate ~ site emergencies. ~ The guy that was like the resident that was assisting the emergency physician, I probed them while the emergency physician was out of the room. said, what do you think I have there? He says, it's probably a retinal detachment.

And I said, I can't be a retinal detachment just happening at both eyes at exactly the same time and exactly the same part of the world that is blocked. So that's not retinal detachment. It has to be the brain. can't be just the eyes. So, yeah. Anyhow, they saved me. I didn't die.

Bill Gasiamis (09:20)

No, I love your nonchalant attitude. know, ~ it was a small stroke. I'm still here. didn't die. Like I kind of get it. That's a great way to be. And at the same time, there's no such thing as a minor stroke. There is an underlying condition, a blood clotting disorder. There is a PFO, another underlying condition. And just on those two things, and I understand the blood clotting disorder may take longer to diagnose, but a PFO, it should be able to be diagnosed pretty rapidly.

even if it's a day or two later. But I would have thought that there would have been an admission in that you would have been admitted into the hospital and I

would have thought, this is a gentleman, he's 63 years old, you are in the high risk category for a stroke, regardless of how you look, just because you're 63, our risk of stroke increases. But ~ I'm still stunned by hearing those types of stories.

But also I'm not surprised because it's not the first time. I've done 404 episodes, you it's not the first time that somebody said to me the diagnosis was a shambles or I was sent home when I was having a stroke and I shouldn't have been. It happens very often, not only in Canada, in America, in England, in Australia, all over the world, ~ people come from. And it's just fascinating to hear that then,

You took it upon yourself to look into the support services that you needed, right? That reminds me of me. That's exactly what I went through in 2012. So I had a bleed. The first bleed ~ was obvious. know, there was a, ~ in America, it's probably the size of a dime, ~ shadow on my brain. The second bleed was six weeks later, about the size of a golf ball. And that blood was sitting in my head.

But if you looked at me, I looked completely fine on the outside. I didn't have any visible signs that I was having a stroke other than the fact that cognitively I was a mess and I had fatigue and all the things that stroke survivors talk about. I couldn't, ~ my balance was off. couldn't communicate properly. There were so many issues. So they sent me home after three days after the second bleed, seven days after the first bleed.

They determined what the cause was roughly. They knew it was a blood vessel that had bled. They didn't understand why. And then I went home unable to drive, walk, start, complete a sentence, remember who came to see me, ~ angry, ~ like emotionally unwell, all sorts of things. And no follow-up appointment to say you should go and see a

neuropsychologist, you should go and see this person for that, this person for that. And I went to a counselor, my ~ psychologist, and she realized that I was in a pretty terrible way as far as communication is concerned. And she said to my wife and I, maybe you should go and see a neuropsych. And I was like, okay, what does a neuropsych do? And she said, well, they'll evaluate the level of your deficits. So not knowing that I could

François Couillard (12:16)

Yep.

Bill Gasiamis (12:41)

get a private appointment and see one immediately. I went to the public system and waited nine months to get an appointment with a neuropsychologist. Nine months. And by the time nine months came around, the bleeding had stabilized. And by then, deficits, my ~ neurological deficits had settled a little bit. And although I wasn't back to normal, I was able to pass the neuropsychological assessment quite well.

François Couillard (12:48)

Nine months. Wow.

Navigating Recovery and Support

Bill Gasiamis (13:09)

where they didn't recommend any further rehabilitation. But I struggled at home for six or seven months trying to work out what day it was, what was up, what was down, how to write a letter, how to type an email, how to communicate. It was horrific. at the same time, Christine and I were trying to, my wife, we were trying to solve that problem by researching and trying to understand what happened, how it happened, et cetera.

And it was 2012, which meant there was no YouTube channel about stroke recovery. There was no, hardly any books that you could buy. You you couldn't reach out to anybody. It was a really difficult time. It's partly the reason why the podcast exists. So I'm still surprised, you know, not, you know, not completely, I'm not, I'm not naive enough to think that.

mistakes don't happen anymore but even after 14 years like I'm still surprised that people go through this it shouldn't happen.

François Couillard (14:11)

Yeah,

it's ironic that I worked in the field of the eyes of vision. And the only thing that got affected on my stroke was my vision. This is really ironic. So I don't know what happened in the other world there. But something happened. And but if I hadn't worked in that field, it would have been very complicated.

Bill Gasiamis (14:23)

Yeah.

François Couillard (14:37)

I would not have known that there was a thing called vision therapy. I would have waited to see an ophthalmologist because I would have believed them when they told me that, no, to get a field test you have to see an ophthalmologist. ~ It would have taken me a lot longer to get the sort of accommodations, the appointment to get an accommodation for my screen and my

Bill Gasiamis (14:37)

Mm.

Mm-hmm.

Bill Gasiamis (15:01)

We'll be right back with France, why Cool yard in a moment. If you found value in this podcast and you'd like to support the show, you can do that at patreon.com/recoveryafterstroke. Every contribution helps keep the show going and helps me get to a thousand episodes. And if you're navigating life after stroke, yours or someone you love my book, the unexpected way that a stroke became the best thing that happened is available at recoveryafterstroke.com/book.

Now back to Francois.

Bill Gasiamis (15:32)

were saying the irony was that CEO of an organization that sells glasses and you are experiencing ~ a stroke and the only thing that was affected was your eyes.

François Couillard (15:45)

Yes, that's the irony. So while it's ironic, at the same time, it couldn't have happened to anybody. I'm the ideal person for whom this could happen, because I know where to find the resources for anything related to site. So that was very helpful. I keep thinking if you...

I'm sure a lot of your stroke survivors have experienced, maybe not all, but some have experienced sight issues and they probably wouldn't know where to go or they might not know that there are things that can be done to try to recover some of that sight through vision therapy. yeah, I was lucky to know what resources I

could get, I couldn't get access to.

Bill Gasiamis (16:25)

Nothing. Well, move.

Yeah, what was life like before strike? I know you say, that's a busy ~ job, but what else were you up to back in the day?

François Couillard (16:38)

So

Vision Challenges and Cycling Safety

I, very active, hyperactive, very, quite athletic actually. I do long distance ~ cycling and I do ski, cross country ski races and I've skied all over Europe. ~ So this was, this was end of November. So I'm starting, I'm finishing my cycling season about to get into my, into my ski season. ~ And like two days,

The day after my stroke, took it easy, but the next day I was in my basement doing an hour on my bike. And like a week after I did a hundred kilometers on my bike in the basement and I didn't venture outside. So it's like, this is me. have to be very active and, and, ~ I'm, I'm, so that hasn't changed. ~ I work, I took, I took a little break. Well, what I call a break, I worked three days a week instead of five days a week, right after my stroke.

Bill Gasiamis (17:36)

And as if a CEO only works five days a week, there's no way you worked five days a week.

François Couillard (17:41)

So I dropped a three and my staff was incredibly, my staff and the board I work with were incredibly supportive. I told them, okay guys, you're pretty much on your own. You can come to me for advice, but you're gonna run independently. Just bother me if you need help. And I was pretty open with the people I work with. I interface, I didn't hide the fact. I didn't see a stroke as a sign of weakness, something that I should hide.

And as a result, I got a lot of support. I live in the healthcare industry. I work in the healthcare industry. So healthcare workers are supportive, friendly. They

know how to give care, whether it be psychological care or physical care. So I got a nice extended support group. After a couple of months, I went back to five days a week. even though my physical stamina was great.

my mental stamina ~ struggled, you know, like many stroke survivors, I didn't sleep that well for a little while, kind of hyper. ~ And ~ I was not emotional, I didn't become ~ depressed. So I was lucky from that perspective. But my mental stamina, I couldn't work for as long hours and the screen is tiring. And I told you I'm a cyclist. So that's interesting because

If you want to be a safe cyclist, usually you go on a bike path. That's the way to go. You stay away from traffic. Well, I hate bike paths now because my blind spot is one quarter of my field of vision and it's here. And in Canada, when we ride our bikes, we're riding this way and people coming the other way are coming this way. If I'm on a small bike path and it's curvy and bikes come this way,

Sometimes I hear them before I see them. I see them at the last minute. And same thing happens when I ski. If it's a narrow trail, someone might come at me and only see them at the last minute because I hear swoosh and then I look. So I've had to compensate, learn to lift my head a little bit more and not rely on my field of vision. So other than the mental stamina, other than that, I haven't had any.

and the fact that I don't see that well, I'm okay.

Bill Gasiamis (20:09)

Yeah. I have a ~ stroke survivor who I coach ~ once a month and he has, I think, top left hand corner or right hand corner, doesn't matter, but I think it might be top right hand corner, ~ vision loss, field of vision loss. And he has a, on one of his eyes and he has a ~ prism thing like a little...

François Couillard (20:36)

Yep.

Bill Gasiamis (20:37)

that he's got

François Couillard (20:37)

Yep.

Bill Gasiamis (20:37)

attached to his glasses that when he's driving brings the ~ vision from that side into the front of him. So you don't have anything like that on your glasses.

François Couillard (20:44)

Cool.

Well.

Now I do have prisms, but that's for a different reason. Actually, when I consulted with an optometrist to get vision therapy, they also at the same time, diagnosed and I had one eye that would see an object kind of here and the other eye would see the object here. So this therapy to try to realign that, but we didn't get quite the full alignment. So she provided me prisms to realign that, but

Bill Gasiamis (21:08)

Mm-hmm.

François Couillard (21:19)

really this issue of not seeing in that top quarter, ~ it's fascinating because all I have to do is scan once very quickly. right now when I look at the room, I see the whole room as if I had no sight impairment because the brain makes a picture, fills the void. As long as I took a look quickly once, the problem is when things move, it's a moving picture. But that's what's so taxing.

especially in certain environments. If I'm in a social environment where the lights are very bright outside or I'm in a big room full of people with people moving, then the brain is working in overtime to try to fill that void, make that picture. And it becomes very, very tiring. It's interesting. You don't realize how much brain power the sight takes. I took a look at... ~

the neurologist showed me the CT slice that shows my damage. And it's like a big thing like this. It's a big oval shape of destroyed cells, just cooked. Yeah.

Bill Gasiamis (22:30)

Yeah.

So driving is driving an issue.

François Couillard (22:35)

I can drive, but I drive like a 90 year old man. So I stop at every sign and I look

four times and okay, then I venture as long as, when I'm moving, I'm okay. It's intersections I don't do well. Yeah.

Bill Gasiamis (22:50)

In Melbourne, in Australia, we're known as being really impatient. You would be a nightmare in one of our...

François Couillard (22:56)

I

get honked at. I've never had that before. They honk at me and I say, ~ too bad.

Bill Gasiamis (23:02)

Yeah, yeah.

The Impact of Stroke on Daily Life

And that's the thing. It's a great thing that you mentioned that because I actually made a very concerted effort in November last year. I said that I was going to no longer be angry, aggressive and yell at people from my car when I'm driving. And I've and I've made, put so much work into not doing that. And I've had to re-remind myself when I've caught myself.

François Couillard (23:21)

Good for you.

Bill Gasiamis (23:29)

jumping out of the correct way to behave. And then I even correct my wife who's very calm and collected compared to me, but I even correct her now. You don't know what's happening to that guy. Maybe there's just practicing more or they're paying attention more or they're trying to navigate something. even though I've done so many podcast episodes and so many people have told me about the vision issues and that they're trying to get their driver's license back.

It still doesn't occur to you, to me when I'm driving, when I'm a hothead Melbourne driver, it still doesn't occur to me that, just take it easy. If they're going slow, they're probably paying more attention or being more careful or whatever the situation is. It doesn't matter. It's not going to make a difference to your life if you just wait a few more seconds to get through. ~ But I totally get

how now they would be, people would be honking you.

and trying to move you along thinking, what is this guy doing? And having completely, being completely ignorant about the fact that ~ different people are visioned differently, and drivers are also visioned differently. And that changes the way that they have to behave on the road. Was there an assessment that was done to ensure that you could drive or was that not even a thing?

François Couillard (24:48)

No, it was not even a thing in Canada. can legally drive with this. There's a certain I can't remember what the criteria is, but there's a criteria in terms of I think the height of ~

the level at which you can see and maybe it's a percentage, but I met that they were more concerned about the cognitive ability. So they had me do a test of cognitive ability ~ and I passed that. for 30 days I couldn't drive and that was more to keep me in check in case I have another stroke right after. that was just, yeah, so that 30 days and then they said, no, you're good to go.

I feel more at risk. Yeah, I feel more at risk on my bike than I do in a car. Because it's more dynamic, it moves and moves all the time. So again, try to avoid bike paths, but there's places we can ride around here where there's no cars. It's roads that are close to traffic. And we can we can ride our bikes or run or I do also roller skiing.

Bill Gasiamis (25:33)

Yeah.

Yeah, fair enough.

François Couillard (26:00)

I know they do that in Australia quite a bit, roller skiing. So we do that there. it's why the worst thing you worry about is hitting a deer or a bear, but no cars.

Bill Gasiamis (26:15)

Everyone talks about how Australia is dangerous. A bear. You're going for a bike ride and your biggest worry is you're going to hit a bear. I don't have to think about that when I go for a bike ride.

François Couillard (26:19)

Yeah. Yeah. Yes, that happens. I see

about, I see two a year or so, you know, through the summer and fall. Yeah, but they're normally on the side of the road and, you know, they don't purpose, they don't go in the middle of the road.

Bill Gasiamis (26:31)

That's too many there.

I know, every movie I've seen though, that's what they do.

François Couillard (26:39)

No, no, it's and we have ~ brown bears, black bears. We don't have grizzly bears here. They're the other part of the country. And the polar bears are up north here. They're not so dangerous. Well, they're still dangerous, but.

Bill Gasiamis (26:50)

the

the the brown bears the crazier ones or is it the black bears?

François Couillard (26:55)

The crazy ones are the grizzly bears, right? yeah. Yeah, we have, I think it's the black bears we have here. I'm not a biologist, I apologize. They're big, have fur.

Bill Gasiamis (26:59)

huh. Okay. Yeah.

Yeah, we don't have large animals like that that will ~ kill you. We have little tiny animals that will kill Spiders, snakes, we have little animals that you can't see that you only know they're there after they've bitten you. ~ But we're still doing all right here. We still seem to be able to survive. your and before I get to my next question, I just need to ask this. can't.

François Couillard (27:14)

Oh, I know, it's crazy, yeah. Yeah.

Bill Gasiamis (27:36)

Do you do the whole full Lycra gear when you go out for a bike ride? you a Lemel?

François Couillard (27:40)

Yeah,

full Lycra both on cross country skiing and in cycling. Yeah, full Lycra. Yeah, sorry. Yeah. We take ourselves very seriously. It's like putting your Superman disguise and you go way faster. It's just more comfortable. Really, it's a matter of comfort, especially in the winter, cross country skiing. As soon as you start sweating, you freeze. So you have to have just the right...

Bill Gasiamis (27:49)

Yeah, no, that's okay. I always

I hate you.

Uh-huh.

François Couillard (28:10)

You have to

have something that's very breathable yet cuts the wind somewhat for when you go downhill. It's a real science. Yeah. Yeah.

Bill Gasiamis (28:18)

I don't doubt it. don't doubt it. The problem is

the Simpsons put Flanders in a tight bodysuit skiing once and they showed off his butt and now the only thing I ever come back to is that image of Flanders doing that. So that's all. That's all that is. I love it. In Australia, we call people like you mammals.

François Couillard (28:26)

Yeah

Yeah, yeah, yeah, yeah, yeah.

man in Lycra or? Yes, yes, we have the same thing here.

Bill Gasiamis (28:42)

mutilates in in Lycra.

Yeah, I love it. love it. Now,

you seem very upbeat and I love it. It is actually fantastic to have this conversation with somebody who had a stroke and things went so well, all things considered. And did you have moments where this kind of hit you another way? Like you didn't feel...

François Couillard (29:02)

Yeah.

Bill Gasiamis (29:12)

Good about this where you thought, my gosh, what happened? It's a stroke. I'm 63. Like, did you have any of those moments?

François Couillard (29:13)

Yeah.

Well, a couple days after my stroke, had a really bad headache, really bad. So I called the 911, the ambulance came and I said, okay, you guys, should you take me back to the hospital? I need to? And is there something bad happening here? They said, well, depends. How do you feel? Would you like to go back or do you prefer to stay? I'm no expert.

Finding New Connections and Balance

I said, well, okay, I'm just gonna stay here. ~ I didn't know I could take a painkiller for my headache. So I took a painkiller and it went away slowly. ~ Afterwards, ~ was more, I was never down ~ because I, yeah, because I felt, I didn't feel that bad. And

But the uncertainty around figuring out what happened and could it happen again and how quickly could it happen? I think stroke survivors all struggle with that. ~ I pushed back when they wanted to give me statins and blood pressure pills and blood thinner. I pushed back and said, I don't know, need that. But then they said, come on, put all the chances on your side, take the drugs. And I took them, no side effects. ~

And, ~ no, I don't, I don't feel sorry for myself. And maybe it's cause I've, I've seen a lot worse. heard your podcast and seen people in much worse conditions. And in terms of sight as well, I've, I've seen in optometry, there's all sorts of conditions where you completely lose your sight. And so it's not that bad. And

what am I to complain about? And I can still do pretty much all my daily activities. I just need to pace myself. As I said,

neurologically still. So I don't, I mean, if I felt sorry for myself, it wouldn't be of any use to anyone. So no, I think overall I've been, I've been lucky. I, but I was watchful. I was kind of observing myself saying, okay, I hear that I might get depressed and maybe I'll have a little bit of a depression here. But so I was watching and, ~ but it didn't happen.

So, but I think keeping my exercise routine, staying engaged at work, ~ had good support from my friends. Initially, I couldn't do too much. So I had time to spend more time with my friends that I had, that I always, because I had such a busy life, I didn't spend that much time just enjoying an hour chatting or something. So I started doing that again. And I...

as you say in your book, which I really liked and I liked the concept, having a stroke really, was not something that set me back. It's something that provided me a new perspective, new experience in life and brought me to a new place. And I've learned so much that I would have never learned if I had not had a stroke. So in a way I was sent this thing and

It's a nice, it's an interesting experience. haven't yet died from it. might, maybe something will happen. I get another stroke but I'm not going to worry about that until it happens.

Bill Gasiamis (32:41)

Mm-hmm.

I like hearing this version of it. It's because I'm the same guy.

François Couillard (32:48)

Yeah,

no, I was reading your story and I felt this is is how I feel. Yeah.

Bill Gasiamis (32:53)

Yeah,

and I live with it every day and the neurological fatigue is still there and the deficits are still there and all that type of thing. Now I am quite mobile, I'm

independent and all that kind of stuff, so I understand the difference between my experience and some other people's experience. I totally do. And I don't want to take away from how they are going, how they're feeling and what's happening to them. I don't want to minimize their experience. I just want to say, you know, like,

If you can find a way to be more like my attitude, not like me as a human being, but just my attitude, know, Francois's attitude, it's like, it doesn't help, it doesn't harm, it only benefits. And I don't know how it'll benefit you, but it will definitely benefit you in a small way. And that might create a snowball effect of more and more benefits that you never expected that you were going to have. And that come your way.

and that make life more interesting to observe and experience, even though it's hard, even though it hurts, even though it's exhausting, even though it's challenging, even though you have less independence. Whatever the situation is, if the attitude changes just a little bit and you think about it like this is another experience that I have to go through, I have no choice, what can I learn from it? How can I grow from it?

you will learn from it and you will grow from it and you will probably make your life better and the other people around you their life better as well. And that's the whole reason why the podcast exists. I hope that that's the message that people get, not me telling people, this is what you should do, know, do it the way I do it. I don't want to, I don't want to put it out there like that. ~ Now, also I've met people who have had a stroke and have had very minor

deficits from it. One particular stroke survivor who I met was ~ also a client of mine who I was coaching who had a, who was very athletic, ~ used to ride a bike a lot. He ended up getting a numb sensation in his, one of his feet as the final deficit that never went away. And it was about the size of a golf ball. And it was the most

difficult thing for him to deal with. He couldn't grasp how much of an issue he was making it, like in his mind he was overthinking it and it was causing him anxiety etc and he couldn't settle down the overthinking mind. And we were working together just so that I could get him to the point where he could focus on

the entirety of the rest of his body and the fact that he was still back on his bike and riding and doing a hundred kilometers and all those crazy things. And it was

like, ~ I'm not sure how to bring you back there. You know, how to develop your understanding of how well you are after the stroke. And we got there and we've been able to move beyond that phase, but

he was really struggling just with the fact that that one part of his foot felt different and he was always noticing it. You know my entire left side feels different and I always notice it and it makes there's no benefit to notice it more often so I kind of

François Couillard (36:31)

You know, I

can kind of understand him. ~ If you're a high performance cyclist, which you might have been, ~ you become acutely aware of every little pain point. It could be your butt, could be your neck, top of your neck, back of your neck, could be your shoulders, could be your hands that go nimble. in order to do the sport you love and perform, you have to keep

Bill Gasiamis (36:36)

Tell me.

François Couillard (37:00)

all these little pain points in check or else they get worse. it and you're so focused on your exercise that you think about that all the time. It is really nagging. So I can I can understand him in a certain way. I know in the big picture, nothing. But if that activity is a big part of his life, I can see that it could be really annoying.

Bill Gasiamis (37:25)

Yeah, I like that perspective. I appreciate you saying that because I was connecting it not to his bike riding. We never spoke about it from the perspective of bike riding. We spoke about it from the perspective of everyday life. When I'm not, et cetera, I'm noticing it. It makes me think of my stroke. makes me think of maybe having another one and all that kind of stuff. So if he had given me that version of it as well, it elaborated a little bit.

François Couillard (37:37)

Okay.

Okay.

The Importance of Downtime

Bill Gasiamis (37:54)

that would have made more sense. And then we would have been able to work ~ with how do we incorporate that feeling as being normal, for lack of a better word, in a cycling situation. And it's not something that he then has to focus on ~ on the ride. It's just a different feeling. It's not related to the cycling. Let's ride.

François Couillard (38:15)

Mm-hmm.

Right. It's not a yes.

I think that's a useful perspective.

Bill Gasiamis (38:24)

Yeah, it's so interesting ~ to have your feedback from that. That's so good because that's closed the loop for me that opened about four years ago.

François Couillard (38:36)

Yeah.

Bill Gasiamis (38:37)

~ So you really enjoyed this opportunity where you had more time to connect with your friends and have conversations.

François Couillard (38:42)

Yeah, yeah.

And at the same time, I drop off a few things. I was overstretching myself between work and volunteer activities. And there's one activity particularly that took me one evening every week and a lot of emails every day. And I told the group there, said, you know, guys, if you don't mind, I need to get out of that. It's too much for me. so I

I now had a kind of a reason to be able to say to give up something and clean up my act and focus on what was more important, which I should have done before because I was already overstretched, but I didn't because I had a felt it was my duty or I'm enthusiastic. I want to let people down. So yeah, that was that was useful. Yeah. And connecting with the friends.

But what I found is as I got my energy back, and as you can tell, I'm pretty high energy, as I got my energy back, then I got back to my old, I'm too busy. I'm doing a lot of things now and I don't have as much time for friends. I do have a bit more now because I retired in December. So now I have more time again. But ~ yeah, it's a learning journey.

Bill Gasiamis (40:02)

Yeah, it is. And I found myself in a similar situation where I do the podcast Fridays and Saturdays, sometimes Sundays. ~ And that means that if I've got work Monday to Friday, if we're busy Monday to Friday, Saturday and Sunday is the full days as well, recording, editing, uploading, all that stuff. So there's no downtime. And sometimes I have to get out of this little shed in the back of my ~ yard.

which is my recording studio, and I actually physically have to just go, I'm going for a walk so that I can get a break. Otherwise I'll be sitting here for seven hours solid.

François Couillard (40:41)

Well, that's crazy. No, yeah. Yeah.

Bill Gasiamis (40:43)

It's too much. And I do

that. And I could do that six or seven days a week. And as much as I enjoy it, I do look forward to someone breaking the cycle for me. So I didn't have to have the responsibility to do it myself. My wife will say, are you going to be there all day? I'm like, where do you want to go? And she'll say, want to go. Okay, let's go. One hour. Can we do it in one hour? Yes. Bang. We're out. Yesterday, a friend of mine called me and said to me, why don't we go for a walk on Sunday? And I thought,

François Couillard (40:56)

Yes.

Bill Gasiamis (41:12)

Okay, perfect. Where do you want to go? He said, we'll go down there and we'll walk. I said, great. Let's do it. I'll be there at your house at midday and then we'll go for a walk. So if somebody doesn't interrupt me, I could go for another six or seven hours. And yesterday, my wife went out, today's Saturday morning. Last

time my wife went out with her friends that had dinner. And because I knew that she wasn't going to interrupt me, I literally sat

François Couillard (41:19)

Good.

Bill Gasiamis (41:41)

in here doing work, editing videos, ~ connecting with my VA, having meetings, etc. for ~ from about 8.30 in the morning till around 7pm. I got out for about 45 minutes, maybe twice. It's I know it's not healthy. I totally get it right. And it's what you say about over

François Couillard (41:57)

Ugh.

That's not healthy, you know that Bill. Yeah. Yeah.

Bill Gasiamis (42:10)

What's the word?

François Couillard (42:11)

extending yourself or committing.

Bill Gasiamis (42:13)

I very yeah, or I have a focusing or I have a fixating, which is something I couldn't do many years ago because of the stroke. So I'm kind of grateful that I can do it. But I say that because you probably as a CEO, one of the busiest jobs out there was still able to do your 100 kilometers often. Right. And people like me will say, I don't have time to go to the gym. don't have when I say people like I'm actually talking about

François Couillard (42:16)

Yeah.

Mmm.

So I'll tell you what I did and I still do it.

I'll tell you what I do. I, when I was working, I get up early 5:30 or something like that. And at 6:30, 7AM on my, I'm on my bike. I ride about 50 kilometers and I

grab a coffee in the countryside and the same coffee shop every day. And I see folks there and I come back and I'm back home around nine and I started my work. So before I even started my day, I

took care of my exercise and I had some social interactions with people. And I'm kind of on this, I'm full of endorphins from my biking and then I dose myself by adding a bit of coffee and I have enough coffee just to get in the right space where I'm not too hyper and I still have the effects of my endorphins and I run through the day like that.

Bill Gasiamis (43:21)

Mm-hmm.

It's a science.

François Couillard (43:36)

It's a science, yeah, it's an art. Yeah, so that's how I did it. And I still do my rides in the morning and I meet people at coffee and I come back. So I do both. get, it's not just exercising. You need to have that social interaction. I find that so important, that human interaction and connection with people on a daily basis, on a daily basis, right?

Bill Gasiamis (43:40)

That's the only thing Mr. Frenzy-

I do love that.

In the evenings, I like to go out. And you what's weird in the evenings is as we age, my friends tend to be dozing off, you know, at 9.30, 10 o'clock. And I'm like, yeah, and they're on their way home. And I'm like, ~ God, we've to go home early again. ~ To me, it's too early to be going home at 9.30 and 10 o'clock.

François Couillard (44:03)

Okay.

I'm one of those.

So I have friends, they like to invite a little group of us for dinner. They invite us for dinner at four. Four. So like at 4.30, we're starting to have dinner. all athletes. Some of them do triathlons and like at 7.30, we're gone and we're in bed at nine.

But you know, we're up at five and we're very active during the day. But yeah, we're boring. Slow in the car and early in bed.

Bill Gasiamis (44:40)

Yeah. Yeah.

Yeah, so I'm not up so early. So I know that at 5.30, you're not setting an alarm. You're probably just waking up naturally. It's your time, know, 5, 5.30, especially if you've been in bed between 9 and 9.30. That kind of makes sense. That's the right amount of hours to get out of bed. So it sounds weird for people that, oh my God, you get up at five o'clock and you go for a ride or you go to the gym. It's just part of the normal cycle. It's my cycle starts a bit later. So I'm probably

François Couillard (45:01)

Yeah.

Yeah.

Bill Gasiamis (45:22)

my brain, I've noticed the last two or three days, especially with a cold, I've noticed my brain isn't switched on until around nine o'clock. Like it's taken me an hour and a half, two hours for it to actually kick in. And I can't do anything anyway. I would have probably been better off being at the gym or at Pilates, which is something that I am going to start. There is a Pilates near my place. And I'm thinking of starting that because going to the gym makes

my left side which is tighter even tighter so you know when you go to the gym and you get that muscle ache the next two or three days my left side feels like that all the time anyway and going to the gym kind of exacerbates it and just makes it less

François Couillard (45:56)

Mm-hmm.

Impact of Stroke on Daily Life

Bill Gasiamis (46:04)

~ more annoying and even though my left side is kind of not as there's not as much muscle as there is on my right side I've been avoiding going to the gym and

feeling really tight and stiff because then it puts all my all my back out all my body out and then I've got to go get massages it's one thing after the other so thinking I'm gonna go and start Pilates it's warm Pilates

They put you in a room on a machine with another 20 people or so and there's an instructor and they just take you through some exercises. It's light, it's gentle. And I feel like that's going to be the thing for me.

François Couillard (46:42)

Do

you do do you do cardio at all? Like bike or?

Bill Gasiamis (46:45)

~ I do bike

but not so often. I have an electric bike, ~ an e-bike where my left leg when I pedal ~ doesn't fatigue. So I bought it because I used to enjoy a bike ride and I would jump on the bike on the weekend and go for a ride. And after the strokes and surgery, my left leg gets fatigued within about five minutes. And then

François Couillard (46:59)

Okay.

~

Bill Gasiamis (47:14)

getting back from wherever I'm going is a real problem. Getting there is okay, but getting back is real problem. And then it becomes really painful and tiring. And then my hand starts to feel numb and can't hold on to the handlebar correctly.

François Couillard (47:19)

Okay.

Yeah,

yeah. So you can't, you're not able cardiovascularly to get into that endorphin generation ~ mode where you would then get filled with these endorphins and that might remove some of the pain on your left side. Yeah. Yeah, that's tough. Yeah. Yeah.

Bill Gasiamis (47:44)

So I've got to push through that hard part to get the endorphins.

Yeah. So, and what happened

when I first started writing, I'd fall off my bike a fair bit because I had, ~ I had stirrups because my left foot would fall off the pedal. So I'm not a professional rider. So I just had a regular bike and my left foot would fall off and then the pedal would damage my shin and it would be a nightmare. So I got a stirrup and then I would ride with the stirrup. then when I got to a stop,

François Couillard (47:55)

Ouch.

Okay, yeah.

Bill Gasiamis (48:18)

My left leg is the one that I normally put down to ~ rest, to wait, to go forward, but my left foot would be in the stirrup. My brain wouldn't remember that it was in the stirrup and then I would fall over at the lights. So that kept happening. And that's when I got the electric bike because now my left leg doesn't have to overexert itself to push and pedal. The motor helps up until 25 kilometers per hour and then

François Couillard (48:29)

Yeah.

Yeah. Yep.

That's smart.

Yeah.

Bill Gasiamis (48:48)

and then I'm done. I go for my ride. I connect with, you know, what I love, the freedom, the movement and all that kind of stuff. I go into the city. I have a coffee and then I ride back. It's about a 20 kilometer round trip and then I'm done. You know, it takes about three hours and I'm done.

François Couillard (48:49)

That's great.

That's great. That's great.

That's great. Listen, I want to tell you as well, one of your, as I was right after my stroke, was searching for information and I stumbled on, ~ I researched loss of sight from stroke or something like that. And I stumbled on one of your podcasts where you interviewed this woman, I forget her name, but who had experienced something similar. It was mainly sight loss, but for her it was bad.

Bill Gasiamis (49:09)

Thanks

François Couillard (49:33)

But it helped me anticipate what I might go through afterwards. Like she couldn't go in the car, she'd get nauseated and all that. ~ And having that experience that I could go back to ~ helped me put things in perspective and again saying, okay, my case is not that bad, there's a lot worse. ~ I should consider myself pretty lucky. ~ So yeah, every little thing you do, all these podcasts, are

Bill Gasiamis (49:58)

Hmm.

François Couillard (50:03)

I'm sure they've touched and you've had testimonials to that, but I've touched a lot of people worldwide. So thank you for what you do.

Bill Gasiamis (50:10)

Yeah, my pleasure. You know, there's been over 1,200,000 downloads just on YouTube.

François Couillard (50:17)

Wow. Wow. Congratulations. What an impact.

Bill Gasiamis (50:18)

Yeah, it's fantastic. And it's still

not enough. It's still not enough. We need to get it out there. That's over 10 years, right? So it's still not enough. We need to get it out there. I need people to share and people are doing great work. I people to comment. I need people to like, I

need people to do all of that kind of stuff, interact in any way that they can. And they are, and it's brilliant and I love it and it works. ~ You know what's amazing? If people are watching and there's an ad, if they don't skip it and they

François Couillard (50:25)

Yeah.

Yeah.

Bill Gasiamis (50:47)

I make a few dollars that enables me to pay for all the things to keep it going. The book, that's the purpose of the book. All the money that this thing makes just goes back into keeping it going, paying my VA, paying for hosting, paying for all that kind of stuff. And I think it gives me something to do on a Saturday and Sunday, Francois. It is just the most amazing thing that's come into my life that helps me get through. Sometimes I have bad days and I don't want to do it anymore. Very few of those, but...

François Couillard (50:49)

Good.

Yeah.

Understanding Stroke and Its Misconceptions

Bill Gasiamis (51:16)

~ Most of the time, the reward and what I get back from it is amazing.

Yeah. So thank you for saying that. I really appreciate it. I'm glad that it helped you. Tell me about your family a little bit. How did they react to your whole situation with the stroke and all the things that came after?

François Couillard (51:23)

Thank

My wife was, I'm married, we have a son, our son lives, lived in the States in those days now, he's back in Canada. Of course, they were worried. My wife knows me, she knows and I tend to underestimate the, well, overdo things and poo poo risks and issues and I have a pretty high pain threshold.

So she doesn't fully trust me when I tell her that things are okay. So I think she worried more than, ~ than she showed, but she was always there for me, very supportive. the one thing that was difficult is, getting her to, you know, as we sit at the kitchen, we have all our meals together. So we're sitting and having a meal and she wants to share something. And especially when I was still working, ~ I just had nothing left in my brain to listen to her with empathy.

and she would get annoyed and I had to explain, it's not you, it's just my brain is fried, my brain is in ~ overdrive, the best thing, just accept it and that was tough on her, that was really tough. ~ So yeah, and I discovered a lot of people didn't have a good understanding of a stroke and to this day people...

think I have a problem with my heart. Well, I have PFO, but 40 % of the population has a PFO. So that's nothing. But people always ask me, how's your heart? Well, I don't have a problem with my heart. You know, it's the brain. Well, it's something that went to my brain. So a lot of misconceptions on what strokes are. In Canada, it might be the same in Australia, but there's an organization called the

Well, the big charity is the Heart and Stroke Foundation. So they bundle together heart and stroke. So maybe that's part of the confusion.

Bill Gasiamis (53:35)

Absolutely, that's got to be that makes complete sense. What you said about your brain being fried, it is a absolute 100 % accurate description of what you're saying because that's, I get to that point still where my brain's fried and all I can hear is just noises in the background and there is no computation in my brain. Nothing works. Nothing is happening.

François Couillard (53:36)

Yeah.

Bill Gasiamis (54:03)

You could be going on about something and I've got no idea. And that is such a strange thing to try and have a conversation with a normal person about, know, because often they'll say, ~ you know, I get tired too sometimes. Or I know, I know when, you know, your brain's fried. It's like, you don't know this level of frying. This is the next level. And I never want you to know. I wish you never find out. ~

François Couillard (54:25)

Yeah

Bill Gasiamis (54:32)

and I could have an inbox full, I could have the most important job that needs to be done. It will not get done at that time when my brain is fried. There's no happening.

François Couillard (54:39)

No, no, and sometimes,

sometimes, you know, just I know I have this one email I need to send or I need this one little thing I need to do. And it's just my brain has reached a tipping point. No, I cannot take anything more. ~ And in interactions like that, it's it's tougher because you're trying to be nice to people.

Bill Gasiamis (54:57)

Yeah.

Yeah, I still get the odd, ~ strange look from my wife when we'll have people over and I'll just go and sit on the couch away from everybody, just daydreaming, trying to recover because a lot of noise, a lot of people, a lot of that just overstimulates me and I've got to go to the side and she'll look over at me as if she's saying, you're so rude. I'm not being rude, my brain's hurting. I to go over there.

François Couillard (55:27)

~ well, it's great you allow

yourself to do that. Now you've got the wisdom to do that. Yeah. Yeah.

Bill Gasiamis (55:32)

Yes. It just gets so hard not to. It gets much harder to

be there. And then I go and reach out.

François Couillard (55:37)

People know, so

I tell people, say, you know, most, well, all my friends know I had a stroke. if I tell

them, say, you know, we won't be staying late. This is always tiring for me. So and they understand and it's not a problem.

Bill Gasiamis (55:54)

Yeah. I also want to, as we wrap up, want to talk about that point that you made about your wife not fully trusting you and your high pain threshold and tolerance. That's actually a very important thing because you could be going through something more serious. And because you're a bike rider who rides for hundreds of kilometers and pushes through pain pretty much that entire time, you could definitely be underplaying

François Couillard (56:13)

Yes.

Yes.

Mindset and Recovery After Stroke

Bill Gasiamis (56:22)

the seriousness of what's happening to you. And then other people have to kind of guess. You might have even gone to the hospital behaving like a completely normal person and downplaying the whole thing and then just them having to guess.

François Couillard (56:29)

Yes.

Absolutely. Yep,

it's a risk. Absolutely. But there's nothing I can do about it. I'm not gonna, it's who I am. It's how I am.

Bill Gasiamis (56:47)

Yeah, so it's good to have that other person kind of on the side, just bringing you into awareness of that every so often.

François Couillard (56:48)

Yeah. Yeah.

At the same time, she's kind of giving up on me. She knows I don't listen. that's

the problem with spouses. Over time, we unfortunately tune out, which we shouldn't. We should always listen attentively, of course.

Bill Gasiamis (57:11)

Yeah, I think she's more intelligent than that. She's just learned to stop having that endless argument with you that never gets anywhere, but she knows really what you'll like. She knows you better than you know yourself.

François Couillard (57:16)

she's very intelligent.

Yeah, you got it.

You got it. Yeah.

Bill Gasiamis (57:28)

I love it. Francois, I really appreciate you reaching out. I'm so glad that you get something out of my podcast that you appreciated my book, that it has made a difference for you in your recovery. It is lovely to connect with people who have your approach so that we can put it out there and then other people can hear that there is more than one way to do stroke recovery, like in the way that you think about it rather than

François Couillard (57:34)

Yeah.

Bill Gasiamis (57:55)

I get the physical parts and the deficits, I totally get that part. But just in the way that you can alter your mindset and think about it, my first chapter is the mindset chapter. I think it is the most important part of recovery is somebody's mindset. And regardless of how bad their stroke ~ has impacted them and their deficits, if we can get the mindset on the right path 90 % of the time, I think there's going to be a better outcome for that person. And I say that.

because I always remember Stephen Hawking, the great physicist who was completely disabled ~ from the neck down from motor neurons disease, Lou Gehrig's disease or whatever else they call it, and still had a fully, totally active life in the highest level of his profession and was still considered one of the greatest physicists of all time. And

And I think that his mindset amongst other things would have definitely had something to do with how active he was even though his body had completely ~ not been able to support him.

François Couillard (59:07)

Mm-hmm. Yep, I totally agree.

Bill Gasiamis (59:10)

Well, on that note, my friend, thank you for joining me on the podcast.

François Couillard (59:14)

Thank you, Bill. It's been a pleasure. And thanks again for all the amazing work that you do for all the stroke survivors around. Thank you.

Bill Gasiamis (59:22)

Well, that brings us to the end of another episode of the Recovery After Stroke podcast. I to thank my guest, Francois, for reaching out and joining me on the show.

What he shared today about being turned away at the emergency department, about living with vision loss that nobody around you can see, and about returning to lead at a national level is going to matter deeply to people who have had their own symptoms dismissed or who are carrying the invisible side of stroke every single day. If this episode resonated with you, subscribe to the Recovery After Stroke Podcast wherever you get your podcasts. And if this show has helped you,

A review goes a long way. It helps more survivors find us. My book, The Unexpected Way That a Stroke Became the Best Thing That Happened, is available at [recoveryafterstroke dot com slash book](https://recoveryafterstroke.com/book).

and if you would like to support the show, you can do that at patreon.com/recoveryafterstroke.

until next time, take care of yourself and keep recovering.