

She Was Told She'd Never Walk Again - Her PT Proved Them Wrong | Dr. Kory Langwell

Walking After Stroke: What Your PT Knows That Your Doctor Doesn't



A doctor walked in, ran a reflex test, and told the patient they would never walk again.

That same day, a physical therapist from Dr. Kory Langwell's team arrived. The patient was in tears. And then they walked 70 feet.

"I hope you go back and tell that doctor," Kory said, "that they missed that."

Dr. Kory Langwell is a Doctor of Physical Therapy with over 15 years of experience. He runs a mobile home therapy practice across Southern California, and now coaches stroke survivors worldwide through his virtual program at Unlimited Potential Physical Therapy. In episode 410 of the Recovery After Stroke podcast, Kory broke down the realities of walking after stroke what's actually possible, where the system fails survivors, and what a good physical therapist knows that most doctors don't.

The Moment the System Stops

For most stroke survivors in the United States, recovery starts with intensity. In the hospital, you might receive three hours of therapy a day. Then you go home.

Within weeks, that drops to thirty minutes, once or twice a week.

"Insurance doesn't know when your brain stops recovering," Kory says. "Therapy ending doesn't mean progress ends."

The problem is that for many survivors, the message lands the other way around. When the funding stops, the belief follows: that recovery is over, that this is where they plateau, that there's nothing left to do. That belief, more than the stroke itself, can stall everything that comes next.

The Plateau Is Not a Full Stop

One of the most damaging phrases in stroke recovery is "you've plateaued." It implies that the brain has reached its ceiling, that whatever function you have now is what you'll have forever.

Kory pushes back hard on this.

"I've seen progress years, decades, 10 to 20 years after a stroke. Arms, hands, legs, walking ability. People just get fed up and stop looking for resources."

What a plateau usually means is that the current approach has stopped working, not that progress itself is impossible. The clinical response isn't to discharge the patient. It's to audit what they're doing and change something. Different exercises, different load, different feedback. Reassess in six weeks. See what moves.

Walking After Stroke: Why More Isn't Always Better

Walking after stroke is where survivors often get their first taste of both independence and confusion. The instinct, and it's a good one, is to walk more. Further, longer, more often.

But Kory draws an important distinction between the acute stage and everything that comes after.

In the early weeks post-stroke, more isn't always better. If someone can walk five steps, pushing them to twenty-five on back-to-back days may overtax the neurological system rather than rebuild it. Fatigue compounds quickly. Quality collapses. And when quality collapses, the brain reinforces the wrong patterns.

"I'd rather have somebody walk 50 feet really well than 150 feet terribly," Kory says.

Visual feedback changes this completely. When survivors watch themselves walk in a mirror, or on a phone recording, they often see something very different from what they feel. Bill Gasiamis described exactly this: convinced his running gait was dangerous, he watched the footage and found it was far better than he'd thought. The problem wasn't the movement. It was the feedback.

Once a survivor moves into the chronic stage months or years post-stroke, the calculus shifts. Walking remains one of the best exercises available. Kory also recommends walking backwards in a safe environment like a hallway or near a kitchen sink: it challenges balance, engages the brain differently, and creates new neurological input.

Why Falls Happen - And What Actually Prevents Them

Falls after stroke aren't random. They follow a pattern.

The clinical term is proprioception: the brain's sense of where the body's joints and limbs are in space. After a stroke, this system is often disrupted. Survivors may not feel their foot on the ground, or may not register that a leg isn't bearing weight the way it needs to.

Add a divided attention task carrying a plate, thinking about turning off the television, reaching for something, and the risk multiplies immediately.

Bill described this directly: he'd made a sandwich, sat down, finished eating, and went to stand up. His attention was on getting the plate to the sink without dropping it. His left leg wasn't registered as being on the floor. He fell before he'd taken a step.

The countermeasure is simple: stop, feel the floor, confirm the leg is active before moving, then carry the plate. Step by step, not simultaneously.

Foot Drop, AFOs, and Electrical Stimulation

Foot drop, where the muscles that lift the front of the foot are weakened or uncoordinated, is one of the most common walking challenges after stroke. Many survivors are placed in an AFO (ankle foot orthosis) to manage it.

Kory's view on AFOs is measured: they're a tool, not a sentence. Whether to wear one, when, and whether to eventually stop using one depends entirely on the individual.

"Take it off every once in a while if you're in a safe environment," Kory advises. "That gives new input to the brain a chance for things to improve."

Electrical stimulation is another tool worth exploring. Kory recommends starting with an affordable unit available on Amazon for around \$40 to test whether the technique produces results before investing in higher-end systems. You can find Kory's recommended unit at linktr.ee/unlimitedpotentialpt.

The "Life Athlete" Mindset

Kory calls his stroke survivor clients "life athletes." Not because they run marathons or lift heavy, but because athlete thinking produces athlete results.

Athletes track. They audit their approach. They celebrate small gains. They adjust when progress slows. And they don't let one bad assessment from one clinician define what they believe is possible.

"If somebody told you you'd never walk again, you can take that feedback and use it as motivation," Kory says. "Or you can let it get you down. That's up to you."

What to Do With a Limiting Prognosis

When a doctor says "you'll never walk again," it's rarely cruelty; it's usually outdated thinking. General practitioners have limited training in neurological rehabilitation. Some are still working from research that concluded recovery stops at six months or a year. That conclusion was drawn from patients who stopped therapy and stopped trying, not from the brain's actual ceiling.

"I just want to leave the door open," Kory says.

The research on neuroplasticity is clear: the brain continues to adapt when given the right challenge, the right environment, and enough time. A prognosis isn't a prophecy. It's a snapshot of what one clinician observed on one day. Walking after stroke real, functional, independent walking is possible far longer and far later than most doctors suggest.

And sometimes, it happens the same day they said it never would.

If this episode has helped you, Bill's book [The Unexpected Way That A Stroke Became The Best Thing That Happened](#) shares the tools and mindset that made the difference across his own recovery.

If the [Recovery After Stroke](#) podcast has been valuable to you, you can support it financially at patreon.com/recoveryafterstroke.

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She Was Told She'd Never Walk Again - Her PT Proved Them Wrong | Dr. Kory Langwell (Interview)

Dr. Kory Langwell on the therapy gap, foot drop, and why the plateau after stroke is a label not a limit.

Highlights:

00:00 Introduction - Walking After Stroke
07:24 Insurance and Therapy Limitations
11:22 Supporting Survivors and Caregivers
16:45 Community and Support in Recovery
26:57 The Impact of Electrical Stimulation in Rehabilitation
29:17 Walking: Quality Over Quantity in Recovery
30:25 Understanding the Stages of Recovery
36:39 Navigating the Challenges of Falling Post-Stroke
42:05 Setting Realistic Goals for Recovery
44:46 The Role of Medical Professionals in Rehabilitation

Transcript:

Introduction - Walking After Stroke

Kory Langwell (00:00)

So we had a client recently there.

Doctor told them they were never gonna walk again. And literally, like they our therapist showed up, the patient was in tears, and then they walked 70 feet with our therapist. And it was all because it was a doctor that didn't know them. They did like some reflex testing and said, you're hyporeflexic, you're never gonna walk again. And then literally that same day walked 70 feet. I was like, I hope you go back and tell them,

Bill Gasiamis video 25, image (00:23)

Before we get into today's conversation, I want to extend a genuine thank you to everyone who supports this show. Whether you've joined as a YouTube member, contributed through Patreon, left a review, shared an episode, commented, or picked up a copy of my book, *You Are the Reason This Podcast Keeps Going*. Today's guest is Dr. Corey Langwell.

A doctor of physical therapy with over 15 years of clinical experience. Corey runs a mobile therapy practice across Southern California and now coaches stroke survivors worldwide through unlimited potential physical therapy, a virtual program built for people who can't access the in-person care they need. In this conversation, we get into the gap that opens up the moment you leave hospital.

While the word plateau might be the most dangerous word in stroke recovery,

What physical therapists know about walking after stroke that most doctors do not, and what it actually takes to keep making progress, years or even decades post-stroke. If you've ever been told there's a ceiling on your recovery, this episode is going to challenge that. Here's my conversation with Dr. Corey.

Bill Gasiamis (01:39)

Kory Langwell, welcome to the podcast.

Kory Langwell (01:42)

Thanks for having me.

Bill Gasiamis (01:43)

Tell me a little bit about your background.

Kory Langwell (01:47)

Yeah, I've been a doctor of physical therapy for over 15 years and I've had my own mobile therapy practice for a little over five years. So helping people in their homes throughout Southern California with my staff of PTs, OTs, and speech therapists. And now we're expanding to worldwide really with our virtual coaching program for people that have had strokes. So

Bill Gasiamis (02:12)

Worldwide. That's awesome, right? So that's where I found you on the TikTok app. And it's a pretty decent channel to follow. Tell me just while we're here and I remembered to ask, what is the TikTok handle?

Kory Langwell (02:14)

Yeah.

Yeah. Yeah, yeah.

It's Dr. Kory Stroke Recovery PT and I can I can send you the link later on. But yeah, so I started two months ago and it's been growing ever since. So

Bill Gasiamis (02:38)

Yeah, it's really good because I think your information comes from the clinical background, something that I can't do. I can put a lot of information out about my personal experience with stroke, what other people tell me about their experience, but your specific instructions around how to improve or how to do something differently or how to achieve an outcome with regards to whatever physical deficit people have after stroke.

Is really helpful. So for people who are watching and listening, go to TikTok and probably the other social media channels, yeah, Kory?

Kory Langwell (03:12)

Yeah, yeah, I started a YouTube recently, unlimited potential physical therapy. And yeah, I'm also on Facebook, Unlimited Potential Rehab. So yeah.

Bill Gasiamis (03:22)

Yeah. You're one of those people.

I often get asked where can I find somebody that's going to help me with my stroke recovery? I can't get there or whatever. And I'm I'm often the middleman. People think that I know everything about everyone, especially from Australia to the United States, right? But what's weird is I do know a lot of people and I can connect people. So it's great that we connected and I found you. And I think it's really important that.

Kory Langwell (03:39)

Yeah. Yeah.

Bill Gasiamis (03:50)

It's your perspective and the way you think about recovery that's different. And that's why I reckon people A, should follow you and B, listen to this podcast episode. So don't leave yet. F listen to the episode and then go and follow Kory on TikTok and all the socials. We'll have all the links in the show notes. My first question is about the gap. Okay. So we're often

Kory Langwell (04:01)

I appreciate that.

Bill Gasiamis (04:17)

Find ourselves as stroke survivors get sent home from hospital. Everyone does amazing things before we leave hospital. The care is amazing. They try and rehabilitate us as much as they can. They keep us alive. They send us home. But then the gap at home is we're kind of left alone. Nobody to check in with us to make sure that things are kind of on track, that we've settled in. And it feels for a lot of people like recovery ends after therapy ends. But

Can you give us a bit of a your your thoughts on that?

Kory Langwell (04:54)

Yeah, usually at least here in the States, people go from getting three hours of therapy a day in the hospital to literally dropping down to thirty minutes once or twice a week.

So there is this huge gap where they just feel like they're not getting enough and then that it really slows down their progress, or so they feel. and that's where we've come in with our in-home care. But what I've seen is people just they need that accountability, whether it's virtually or in person. And so that's one thing that

we really strive to do is just provide that that one-on-one support virtually. And also, you know, what I see with a lot of people is they think that, stroke recovery.

Stops at you know, three months, six months, a year. We'll probably talk about this more later on. But you just got to keep challenging yourself, doing new things. And I find a lot of times people get stuck on just finding random things on the internet, and then they just they don't reach out or have the support that they need to move forward and make progress. So grant you just don't want insurance to tell you when therapy ends or when progress ends. So that doesn't mean your brain just immediately is yeah.

Yeah, therapy's done because insurance says it is and the brain just shuts off. I mean, I've seen progress years, decades, you know, 10 to 20 years after a stroke. I've seen progress with arms, hands, legs, general walking ability, you know, stuff like that. So it's a lot of times they just people get fed up, they get frustrated, and then they stop doing or looking for resources. So

Bill Gasiamis (06:26)

Y the thing that you said is very interesting about insurance telling you when therapy ends. Now what they're doing, what are they doing? Are they like I know what they're doing fundamentally, right? They can't forever pay somebody to have rehabilitation. And maybe they're encouraged to pay them for as little as possible as well, because it costs money, right? So they they

Kory Langwell (06:49)

Yeah. Yeah.

Bill Gasiamis (06:53)

come up with some kind of a conclusion or whatever, and then they say to people, Well, y that's about it. You're not going to really improve any more than that. And we need you to we we're going to stop funding it. So how does that conversation go from what you understand? And can anyone intervene in that moment and continue the therapy? Is there a way to kind of argue your case to get more therapy?

Insurance and Therapy Limitations

Kory Langwell (07:24)

Yeah, it's a tough one. So having worked in hospitals in acute rehab units, having

worked in outpatient clinics, and then now as my own mobile practice in people's homes, I've seen the whole spectrum of therapy and the issues that come along along each step of the way. in the hospital, you know, it used to be therapy they would get six to eight weeks in the hospital a lot of times here in the States. And now it it used it dropped down to like three weeks for a lot of acute rehabs, and now they're pushing it down to like 10 to 14 days.

which is not a lot of time. And, you know, we used to be able to get people to near independence with a lot of their their skills, you know, the activities or ADLs, activities of daily living. But what I see now is a lot of times hospitals when I left the hospital world in November of 2021, at that point, it was like, let's just get people to like minimum assistance, meaning they need about 25% or less, and let's we gotta ship them out of here because it's like it's like a churn. It cause hospitals, to be honest.

They're big business. They they are, you know, it's unfortunate. and they have some of the most highly trained therapists, but the therapists are kind of hamstrung from upper management, middle management, you know, being told probably from people above them that they can only do so much. in the states we have private equity buying out a lot of hospitals and stuff like that. So there are things are changing in the length of stay that clients get.

Once somebody goes to home health, they usually only get like two to three weeks, once or twice a week, because the goal of home health is usually get them to outpatient, get them to a clinic. and when they go to a clinic, most of the time somebody will reach like a maintenance level where like they're not really making a ton of progress and the therapists know they're not gonna be getting reimbursed as well for that. So that gets really challenging and they have to write really good goals to help.

you know, progress things or continue with therapy. So if your therapist is telling you in the outpatient clinic, that's the one area where you can oftentimes have the best chance of extending therapy. They might be able to, you know, wiggle their way around writing new goals, higher level goals that you can work towards and progressing. And then other times they want to stop therapy for one to two months, three months and then reassess, you know, down the road, which is where a lot of times people seek us out for private therapies on the side. So

It's unfortunate, but yeah, the insurance game does have a their hand in it a lot of times, telling people when they can discharge or not. So yeah.

Bill Gasiamis (09:50)

How hard is it for a therapist

to know that the stroke survivor patient is not ready to go home, but you have to wind it up for them.

Kory Langwell (09:59)

Yeah.

Whew, it's really challenging. And usually, I mean, in out most outpatient clinics, you might get somebody two or three days a week if you're lucky. Usually 30 minute sessions in in the clinic. Sometimes you have one-on-one places for an hour, which are great, or 45 minutes, but you're it's a volume game in the clinics because the reimbursements have shrunk in the outpatient world too. So they're like, We need more volume here.

And it's unfortunate. It's not on the therapist. It's more on the, you know, just the the whole game that they have to do in order to survive, or else they would have to close up shop. But as far as like extending somebody, it it it can be a challenge. It's it's really you see it coming as a therapist, you know, and you're in the outpatient insurance-based game. you're like, ooh, you know, I I in about two to four weeks I can tell this is gonna be an issue with your insurance or whatnot. And most therapists, if you can get somebody to like 90% better.

You know, that's pretty darn good, especially after a stroke. there's a lot of factors that go into that, a lot of variables. But yeah, so it's it's tough and getting somebody back to a hundred percent is can be challenging with the insurance game.

Bill Gasiamis (11:07)

Yeah, getting back to a hundred percent is

Kory Langwell (11:12)

It's hard. It's like the new one hundred percent or yeah, it's another topic for yeah.

Bill Gasiamis (11:13)

my gosh. Yeah. The new hundred percent I pref yeah,

that I love that. That's a great statement actually, because a hundred percent, I mean

Supporting Survivors and Caregivers

Bill Gasiamis video 25, image (11:22)

If this podcast has helped you in any way, here's how you can help it reach more people. Share this episode with a survivor, a carer, or anyone who needs to hear that recovery doesn't have an expiry date. Leave a review. It makes a massive difference. And if you'd like to support the show financially, you can do that through Patreon at patreon.com/recoveryafterstroke or by becoming a YouTube member. Now it's back to the show.

Bill Gasiamis (11:50)

I I have that challenge with a lot of stroke survivors who are early on in their recovery. They reach out and they say, you know, how long is this going to take for me to get better? And like, dude, like it might never get better. in that what they want is they want to go back to where they were before the stroke. And there's n nobody's going back there. Nobody at all.

Kory Langwell (11:59)

We don't know. Yeah.

Yeah.

Bill Gasiamis (12:11)

Not a single person. And if there's damage in the brain and the damage is permanent, which damage is in some instances, then you cannot reverse that damage. You have to accept that damage and then adjust and recover and overcome the challenges that you've been left with. And it's such a difficult thing. But the new 100%, I love that, Kory, because I kind of am there.

And if people ask me how do you feel, which nobody nobody understands to ask how do I feel after my stroke, my left side is completely numb. You know, I get spasticity. It doesn't look visibly like other people experience spasticity. So I got away with that part of it. I don't look like I've had a stroke, but I have the fatigue, I have the balance issues when I get tired, I have all these challenges that are

always there and they've been there since two thousand and fourteen. Like it's not going away.

Kory Langwell (13:07)

Yeah. There's

There are those silent problems too that like you said, like you're doing so well in general that a lot of people just can't see the fatigue or the how tight your arm feels or different things, which is oftentimes really challenging. But if you put it even, you know, towards like an orthopedic injury where somebody has like a shoulder surgery or a knee surgery, typically they also have like that new one hundred percent where it's you know, it's never gonna it's hard to have it feel a hundred percent like it was before. There are certain instances where somebody might make this miraculous recovery. It does happen.

Maybe they've had a TIA, a mini stroke, or you know, just made this miraculous recovery. Those those people do exist and it does happen. But what I find in the stroke community that happens a lot is there's this everyone wants to compare themselves to other people, or they're they're wanting to get the answers from things, but there is no crystal ball on these recoveries, you know, for for neuro issues. It's more like let's see how it progresses in one month, three months, six months, a year, and then just continue to track because it is a lifelong issue that you have.

have to manage and and continue to, you know, have things come up over over time. So yeah.

Bill Gasiamis (14:14)

Yeah,

I agree with that. So this next question I thought about how I'm gonna ask it a lot. So I'm gonna ask it just the way my gut's telling me to ask it, which is how much bullshit is that you've reached the plateau?

Kory Langwell (14:31)

yeah, that's a that's a fun one. I I love the I love the the BS part of that. yeah, it's tough. I mean, you can see a lot of times what you'll see is like there's almost, you know, you think of plateau as like a flat line. And a lot of times what we do see is you're there's still room for progress. Like maybe somebody's feeling like they're

60% back to their normal self. Well, if we can get you to 65%, would you take that? Like most people would say.

You know, it's either sixty or sixty five percent. Like, yeah, let's do that. But a lot of times what I see is

Progress has just slowed down, they get upset, you know, the doctor's like, whoop, this is as good as it's gonna get. This is where you're at. You've plateaued and you've entered a maintenance stage. And what I often see with that is it's that's the time to shift something up, mix something up, do something different. so what we like to do is take into account what kind of audit what somebody's doing when their exercises, their daily routine and all that, and then shift things in some certain way and reassess in six weeks to see if we can progress that or make any other changes.

So just like with any other training, like if somebody was a bodybuilder going for a competition or a professional athlete, we take that kind of same approach to our stroke recovery. We call athletes in general. Like they're life athletes, you know. So we wanna help people feel as independent and as strong as they can. So yeah.

Bill Gasiamis (15:50)

That's a great mindset shift, right? So if you consider yourself somebody who's injured, somebody who's never gonna be the same, all that kind of stuff, well, it might be accurate, but it may not be helpful in the way you approach your recovery. But an athlete, that's very cool. Now I know some people say what an athlete runs on a track and field you know, facility. An athlete does this, an athlete does that. Well,

Maybe, maybe they don't, you know, maybe you can be your own version of an athlete that allows you to think about that constant and never ending pursuit of getting better and improving. And whether you're getting better and improving your physical side or your mental attitude or your emotional side or your or your nutrition, you know.

Community and Support in Recovery

Athletes have all these things that they always constantly forever focus on and their gains come from, you know, that really last part, which is almost unattainable, but it's about going for it. It's about going for the last one percent.

And then reflecting back, like you said, maybe twelve months later and going, Look how far I've come, rather than look what I can't do or look what I haven't achieved yet. It's like, look what I have been able to achieve. That's

Kory Langwell (17:03)

Yeah.

Yeah.

Yeah.

And that's where and that's where tracking comes into it. Are there, you know, your what what are your

Bill Gasiamis (17:15)

Such a different mindset.

Kory Langwell (17:21)

you know, your KPIs, your key performance indicators that you're looking into as far as, hey, I was only lifting one pound with my arm and now I'm do lifting three pounds. Like that's huge improvement in a, you know, what however long it's been. So those whatever you're tracking, it helps to you know, it could be your diet. Am I making good choices eighty percent of the time? Am I so making sure in like all of your life assets assets and that or facets of life, that's what we try to do as well. And like you said, mindset, movement, muscle, all that.

all those things together. we we you know, tie all those things into our our program. And I think everyone needs to do that as far as, you know, their strengthen those the mental muscle, the physical muscle, you know, they're just as important. And having that support, whether it's with a coach or whether it's with family, friends, outsiders, you know, other stroke survivors, it's really important. So

Bill Gasiamis (18:14)

Yeah, community is the I think biggest thing for me. because then with the right community, the one that I've created for myself, at least I get to talk about the things that bug me about what happened to me with people who one hundred percent understand it. And then that way, even if we're different in our attitude in the way we go about things, at least we understand.

Kory Langwell (18:35)

Yeah.

Bill Gasiamis (18:45)

And you're totally being heard. Do know what mean? Like it takes one minute to listen to the story of a stroke survivor and to fully understand where they're coming from because they've been through a a similar, a very similar experience to to myself.

Kory Langwell (18:52)

Yeah.

Yeah, yeah, absolutely. for sure.

It's so true. I mean, as a therapist, I I never really I mean, I knew there was a mental toll to it, but having worked with people for, you know, they come on and they're with us for several years, you really see the mental aspects, like the ups and downs that occur with that. And it's so huge to you know, important to to focus on that as well. So and not lose sight of it. So those silent symptoms of the stroke, you know, like we were talking about as far as the the emotional aspect or other things of that. So yeah.

Bill Gasiamis (19:26)

Yeah.

Yeah, one of the biggest complaints that I get from stroke survivors, not about their spouse, but about people about people who haven't had a stroke, right? So often it's the spouse that gets the raw end of the stick. But it's that they just don't understand me. And it's so true, right? There's no way that that person can understand you unless they've had a stroke, and we do not want that for them. That's better that they don't understand you and that you have to learn how to explain yourself in a way

Kory Langwell (19:53)

Yeah.

Yeah.

Bill Gasiamis (20:04)

that gets the message across even if they don't get it. Like it's okay because

they're never gonna get it. We don't want them to really ever get it. What we wanna do is accept that they can't understand something that they have never experienced, which we don't want them to experience.

Kory Langwell (20:20)

Yeah, that's so true. I mean, the it a lot of times it comes from a good place. They're like, just get up and move. Why are you so tired? or you know, things of that nature. And it y you're right. They just they don't understand it. It's it's tough. There really should be more caregiver support and education.

I've tr I've strived to do that on my page or on my different resources that I've included on my bio. But yeah, it's it's in sh it's a challenge for people to to see the whole picture and the recoveries process that's going on with that. So yeah.

Bill Gasiamis (20:51)

Yeah.

How common is foot drop?

Kory Langwell (20:56)

yeah. Strokes you you do see it a fair amount. it's what I see a lot of times with that.

You know, when in the hospital, a lot of times I don't like to immediately put somebody in like an AFO. Everyone knows ankle foot orthosis and stuff like that. but it's something that I like to see how the body reacts initially to to the the weaker ankle or whatnot, and how is somebody compensating? So you'll see somebody, you know, try to march their leg up to clear their foot through the gate cycle, or they'll kick their their leg out to the side so that they don't drag their foot or their toe. so I like to see.

See

what's going on for the first week or so before we start trying to, you know, put a bunch of equipment on somebody. But honestly, it it's it's pretty common. it just depends on the nature or severity of the stroke. Most muscle recovery starts proximally, meaning like at the hip and then works its way down, or in the shoulder and then works its way down to the hand. so the ankle and the hand are usually the last to recover.

but yeah, so it's obviously it's very noticeable on somebody's walk gate or whatnot if they have it, or you know, as you just see their AFO and you're like, that guy's got foot drop, most likely, or whatnot. So yeah, just trying to figure out where's is there are there other weak links up the chain and the knee, the quad, you know, your your your glutes, your hip, what other areas could use some help to help you get that leg through and help you be more independent? So

Bill Gasiamis (22:28)

Mm.

Kory Langwell (22:29)

really treating the whole ankle or the whole walking pattern, not just the ankle or the foot. Cause we a lot of times we get laser focused into one area after a stroke like my hand or my foot, but we gotta look at the whole body. So yeah.

Bill Gasiamis (22:41)

So there is a conversation that happens again in the community about whether I should be wearing AFO or I shouldn't. And you often hear people saying, I got rid of my AFO. it was causing me to walk badly or incorrectly and it was decreasing the muscle activity in the correct way.

Kory Langwell (22:51)

Yeah.

Yeah.

Bill Gasiamis (23:08)

And then you hear the exact opposite. Well, you know, you should definitely have an AFO so you don't trip over, you don't do this, you don't do that. Like, how do you determine that whole should I or should I not have an AFO? And do some people definitely need an AFO? And then also are there some people who can transition out of an AFO?

Kory Langwell (23:20)

Yeah.

Yeah, it it really is with a lot of neurotype issues, it it really does depend. You'll hear the answer, it depends a lot of times in the neuro world, neurological issue or you know, in the stroke world. But on a case by case basis, it's really how does

somebody look? How independent are they with and without it? How much strength do they have in their the muscles on your shin and on the outside of your leg that help lift your ankle up? is it something that maybe you just wear it when you're outside? And then when you're inside the house, you're getting that input.

with your shoes off. I I really liked the shoes off, you know, kind of full input on how your foot's moving. You can really see it visually, get some feedback there on what's going on. So it it and it can change over time. Maybe somebody ditches it after a while or maybe they w they know like, hey, I'm gonna be going on this longer walk. I'm gonna use my AFO so I don't get as tired because it can be more taxing and energy draining to have to, you know, lift your leg up more, kick it out to the side or whatnot. So we're really trying to figure out what's the best

quality over quantity for for most folks so that they're not overdoing it, but they still are getting you know, the appropriate amount of feedback and and to help them live their life, be as independent as possible. So I'm not against or for it. It's just wanna it depends on the person. So yeah.

Bill Gasiamis (24:45)

Sounds like it's a tool to be probably continuously assessed and determine its usability and then also for some people determine whether or not it's short term, long term thing. And then also keep looking at it. What I seem to also see is people get told something, they do it, and then they do it for a long, long time and nobody kind of ever intervenes a year later to say, where are we at with that?

Kory Langwell (24:51)

Yeah.

Yeah.

It you know, it it's it's good to take it off every once in a while if you're especially if you're in safe environment and just reassess things, you know, on your own or with a therapist or whatnot. That again gives new input and sensory, you know, feedback to your brain of like, what's going on here? And that that's a chance for that neuroplasticity to occur, which you know, is a is a is a big buzzword in the in the neuro world. But yeah, so we're just trying to create those environments and those chances for, you know, things to improve and and reassess.

assess things as as you're going along. So yeah.

Bill Gasiamis (25:49)

Can you explain to me briefly if you can, like what happens with foot drop, why does it occur? and why don't I hear about the opposite of foot drop, which is the foot changing and going in the other direction?

The Impact of Electrical Stimulation in Rehabilitation

Kory Langwell (26:06)

Yeah. so your your muscles on your shin, you know, like those those are the ones that people get shin splints on from working out or whatnot, your anterior tibialis muscle, those are a prime mover of lifting your foot up.

And oftentimes the feedback and the timing, the coordination down to those muscles is just weakened or impaired. So you'll see a lot of issues with that. You also have muscles on the outside of your shin. They're called everters. So they evert or turn the foot out. So the combination of those everters and then the dorsiflexors that lift the foot up, those muscles are the two prime movers of that motion. They're oftentimes affected with different strokes. And then so a lot of times what we end up using is like things.

like electrical stimulation. I have a really good video on my YouTube, about eight to ten minutes long on how to set that up. but you can

You c I I see a lot of good impact with the with the E stem, whether somebody's laying down or sitting, or then there's other things like the bioness for the leg and the arm, but the one for the leg to help with the timing and coordination, all that, all those things that go into it. So it's just not just weakness, it's that timing, coordination, balance, all those things combined. So yeah.

Bill Gasiamis (27:19)

Got it, got it. So you've seen some positive, helpful, supportive kind of outcomes from those electrical stimulators at like Bioness and other other types.

Kory Langwell (27:33)

Yeah, yeah. I've even like I've I have one that I use with clients that I I bought on Amazon for like forty bucks because the the range is anywhere from thirty to forty bucks up to like hundreds of dollars. Or, you know, the Bioness is you I think they

can get that covered with insurance, at least a partial bit of it, but those are a lot more expensive. like thousands of dollars from to my knowledge. But I what I've seen is

I don't see a huge difference between some of those cheaper versions and then the larger ones. some of the bigger ones, like the Bioness, you do get a little more feedback or like that since like it will come on at a certain point of your gait cycle. So it's like, lifts the toes at a certain point.

helps you go through whereas versus you know a standard ESTEM unit, you're usually it's on for like 10 seconds, it's off for 10 to 30 seconds depending on the settings. So but as an exercise tool in the general, in general, if somebody's having issues and they have good sensation to that area. So you don't want to put it on somebody that like can't feel their leg or whatever. But it can be very beneficial at like getting that sensory and then the motor or muscle input back to that area. So not saying it's going to get to that 100%.

But it's gonna help you. it oftentimes does help people, even, you know, if it's ten to fifty percent better, great. You know, that's a huge difference with somebody getting around. So yeah.

Bill Gasiamis (28:53)

Okay. So worth people considering the possibility of getting a forty dollar version just to sort of try it out and see whether or not it might be supportive. And then if it is and they want to get something more expensive, then go f go from there. your homework after this conversation is going to be to send us the links to every single thing you mentioned. So we can put it in the show notes and everyone can have a look at it. Now, with walking,

Kory Langwell (29:12)

Yeah.

Yeah, absolutely.

Walking: Quality Over Quantity in Recovery

Bill Gasiamis (29:23)

I'm of the I'm I I'm I'm in the camp of do more in the from the perspective of if you're only walking for a minute, try and get to two. If you're walking for two, try

and get to four and so on. And then if you can get to thirty minutes or an hour at some stage, doesn't matter when, then that's even better. but when we started that conversation about

Kory Langwell (29:39)

Yeah.

Bill Gasiamis (29:53)

you joining me on the podcast and we share ideas about what we're gonna talk about. You came back with me with regards to something about walking that people miss that could mean that walking further, longer, and more could actually be causing a problem. Tell me about about walking and the things that we can run into that make well, not things worse necessarily, but

Not from an exercise perspective, but from a rehabilitation's perspective.

Understanding the Stages of Recovery

Kory Langwell (30:20)

Yeah.

Yeah, I think it there's a little differentiator in there. It's like where what stage are you at in the recovery? So if somebody's in that really acute stage, it's you know, pretty fresh on the stroke, maybe it's like somebody less than a month post stroke. We don't want to get to the point where they're just like

you know, nearly exhausting themselves every single walk, you know, so there's a time and a place for that. So you know, if somebody can only walk like five steps, we don't want to go try to, you know, you're gonna walk 25. And like you can do that every now and then, but don't do it on like back to back days. Don't do it on like back to back therapy sessions or whatever. So there's a there's a combination of like early on we want to make sure things are good quality. And then as we get moving forward, we want to progress in a fashion that's comfortable and not over

Taxing the neurological system, because a lot of times, as you know, fatigue plays a huge role in that. And how is that affecting you? Are you like you went for a super long walk, but now you're down for the count for two days or you know, at least a day. So you know, walking a hundred feet can feel like a marathon early on. So it's just making sure that you're getting the right feedback, that

accountability, support, where you're it's quality.

in not just overdoing it. So I find that a lot where people want to do a ton of reps or like they're doing an exercise, like they're trying to lift their arm up, but they're doing this the whole time, you know, and I'm like, you're just you're not lifting your arm, they're just like tiring out their trap muscle as opposed to like some of the the delt or bicep or different areas. So like you're just gonna get really bulky but traps up here, but you're not really necessarily helping yourself versus if you did good quality and like keep that shoulder down. I'm just using that as an example. But for walking, you know, same thing. Like are you using a mirror for feedback?

To see, like, I'm actually, I'm every step, I'm kind of falling off to the side. Why is that? I'd rather like have somebody walk 50 feet really well than like 150 feet terribly, you know. So it's and that that again goes into more of the acute stage. Now, if somebody's sub-acute, more of a chronic, it's been 10, 15 years, go for it. Like, if you want, if you feel good about it, you're not overtact taxing yourself, getting overtired or anything, you know, do what you can. Walking is one of the best exercises for you.

I also like I I'm a big fan of walking backwards. So in a safe area like by the kitchen sink or a hallway or something, it just challenges your mind and it's a really good balance exercise for somebody post stroke or with any neurological issue because it just told you you see somebody try it the first time, they're like, What do you want me to do? Walk backwards. And then there's tons of ways you can adjust the the intensity on that as well. So yeah.

Bill Gasiamis (33:01)

So also I remember being in outpatient rehab and feeling like I actually wasn't able to walk well. And then the therapist saying, Well, why don't we just record it and have a look at how you're walking? And it was also about running because I I wanted to run, but I didn't want to run marathons. I just wanted to be able to run across the road if a car's coming or something. And I said, Well, I'm a bit concerned about how that

Kory Langwell (33:15)

Yeah.

Bill Gasiamis (33:30)

goes 'cause I don't want to injure myself running, et cetera. And well he said, Well, why don't we do a run, I'll record you and I'll then we'll break it down and I'll show you what you're doing or what you're not doing. And it turns out that my running style was fine. What wasn't fine was the feedback that I was getting because it was completely different to the previous thirty seven years of my life. And I and because it felt different and my brain registered it differently, it

It was scary. Like it was like, well, this doesn't I'm gonna probably injure myself is how I I thought it. But when I saw the video, it was completely different. And sure, there was some instructions still about how to do it correctly, what I might be able to improve, especially with my left leg, but the but the overall picture was more positive than I t made it out to be. And that's the challenging part. Sometimes we think we're less capable than we are.

Kory Langwell (34:06)

Yeah, yeah.

Yeah, and that's why the visual feedback is so important, whether you record it with your cell phone or you know, just getting the real time feedback on with a mirror or something like that. It's you know, you see that used in therapy a lot because you may not notice that you're doing something and just having somebody tell you that isn't gonna help as much as if you're somebody's telling you plus they're showing you what you're doing. Yeah, that that can be a huge, you know, help of like, you know, that

I can feel that now. It's good biofeedback. I can, you know, move on from there. So yeah.

Bill Gasiamis (35:01)

Yeah. And so it sounds like there's two parts to that conversation. Is sometimes we think we're doing it better than we are, and sometimes we think we're doing it worse than we are. So it's really important to have somebody assess you or at least give you feedback and give you the opportunity to check your assumptions about yourself and then also to check via perhaps a recording to check, you know, how you are actually doing things. So you can see it from

Kory Langwell (35:10)

Yeah.

Bill Gasiamis (35:31)

their perspective and then you can adjust as you're going forward.

Kory Langwell (35:35)

Yeah, absolutely.

Bill Gasiamis (35:37)

So what about falling? That's a huge issue after stroke. I fell quite a few times after surgery. The first time I fell, Kory, was about I don't know, less than twenty-four hours after I woke up after brain surgery. And the nurse said to me, Have you been to the bathroom to move bowels? And I was like, No, I haven't been anywhere. And she said, Well, great, get up, I'll let I'll help you.

get there and now she was a lot smaller than me and a lot thinner framed and she said just put your arm around me and I'll help you get to the bathroom. Okay, cool. I did that and when I stepped out onto my left leg, from the left side of the bed, as soon as I put weight on it, without her having any idea, I completely fell straight to the ground, in the ward, screaming

Kory Langwell (36:32)

no. Yeah. Yeah.

Bill Gasiamis (36:36)

I've got a fresh h scar and patch on my head from brain surgery literally twenty-four hours ago. so it became quite a concern after that because it was the first time I realized that my left side doesn't work. And it was the first time I realized that th falling after a stroke with a cr a fresh craniotomy and all that kind of stuff is also very dangerous, right? So when I came home

Navigating the Challenges of Falling Post-Stroke

Kory Langwell (36:37)

Yeah.

Bill Gasiamis (37:04)

I was pretty independent and I felt really good about the fact that I was able to walk on my own. but when I got up from the couch one time and many other times when I've fallen, when I got up from the couch on time, I forgot to connect my new leg to my my standing up, my getting up from the couch. I had just eaten a

sandwich. It was in a plate. I was the one that went and made the sandwich, sat down and started eating it.

And then as soon as I finished it, I went to get up to take the plate to the sink. And my left leg wasn't aware that it was on the ground. And I fell immediately. And I dropped the plate, I broke the plate, I smashed my ribs on the arm of the couch. I thankfully didn't injure myself terribly, but it was a close call. And I always after that, I always made a point and still do in the morning when I wake up to get out of bed.

Kory Langwell (37:41)

Yeah.

Wow. Yeah.

Bill Gasiamis (38:01)

make sure my foot is on the ground before I stand up so that I don't lose balance and fall. So that's my that's my story about falling, but also it's very common in stroke survivors. I hear that a lot. Tell me about why falls happen after stroke.

Kory Langwell (38:05)

Yeah.

Yeah.

Yeah. You know, first off it

Kinda hurts my therapist heart to hear that what you know, the nurse and you will fall in there. That's where I'm like, he needed a PT evaluation to see how strong his legs are, where his, you know, sensation is and all that. Usually when we get somebody up, we want to make sure they're safe at the edge of the bed. And then maybe we're transferring just to like a bedside commode in the the first time. And then you're you check that box then. We start moving towards walking once we make sure it's safe. But sometimes the nurses get a little gung ho with things and get a little excited. we try to stay in our lane and, you know, just do the

That PTS needed. but as far as like, you know, making sure somebody's safe, it's creating the right environment for them that, you know, like I mentioned, making sure they're strong enough with their legs to, you know, and the most people will know as they started physical therapy what level they're at, how much help they

need, all those things. So, and then not over challenging somebody where we're doing like

very advanced balance exercises or doing very, you know, doing three tasks at once or like you carrying that dish, you know, and that's a more your brain is like thinking, we're good and I'm just gonna carry this dish and I'm gonna go turn off the TV while I'm getting up or whatever. And your brain's like, nope, no you're not, and you just fall over. So it's like creating, you know, those too many environmental stimuli probably and then just where it kind of I don't tricked your brain into to not focusing on where your your leg is at.

We call that the proprioception or just realizing where your joints are, your limbs are in space. And sometimes that can be very affected after strokes. So we just wanna, you know, see how that looks, see how you're moving, and and you know, go from there. So yeah.

Bill Gasiamis (40:08)

You probably describe that better than anybody, actually. Proprioception is my is a challenge that I have, but nobody ever connected that to what you just said, too many things happening at once. And it was exactly that. I had a plate, I just finished a meal, and my goal was to get the plate back to the sink safely without dropping it. And it was my my attention was

Kory Langwell (40:33)

Yeah.

Bill Gasiamis (40:36)

diverted away from making sure my leg was in the right position for me to stand up and was the muscles were activated, which I had been doing every day before that, right? I'd been making sure. But right now I had a plate in my hand and it was get up without dropping the plate.

Kory Langwell (40:37)

Yeah,

Yeah.

Yeah, yeah. Yep.

Yeah.

Pun pun intended, step by step, right? Just looking into like, okay, my feet are on the ground. I am able to push myself up to stand. Now we're gonna take a step slowly, you know, go through that. So yeah, it's it's making sure everything looks appropriate and is, you know, safe for that specific client. So yeah.

Bill Gasiamis (41:12)

In
my case I think now reflecting back on it, it would have been better if I'd gotten up and then reached over to pick up the plate and then moved to towards the the kitchen sink. And I think I was at home alone that day. And again, I screamed because before I knew it all was on the ground.

Kory Langwell (41:27)

Yeah. It happens. Yeah. Yeah.

Setting Realistic Goals for Recovery

Bill Gasiamis (41:35)

It's a very interesting thing to reflect back on it. under these sort of conditions where you and I are talking about things that seem they're very glossed over. They're not often spoken about in detail and people miss the the point. And sometimes people think I can't do something properly, therefore I'm not gonna do it at all. But with regards to walking, what's the best thing to do?

about a walk that you haven't been able to get back to the normal sort of style and and feel uncomfortable about doing. Some people will go, well, I'm opting out, I'm not gonna do that anymore because I can't do it properly. It's too difficult or it's uncomfortable.

Kory Langwell (42:21)

Yeah.

Yeah. I think it's making goals that are you know, you hear about those specific, measurable, attainable, realistic time frame, the smart goals. So making sure that applies here. So

It you gotta be able to walk before you can run, like with anything in life. So and that's just you know, symbolic quote or whatnot, but you just wanna be able to do

stuff that you can be working towards, but it's also not so far out there that it's like really hard. And then I see a lot of times people move those goalposts on themselves too much where they're like, I got here. Now it's like I wanna, you know, it's you got to celebrate those small wins and then go from there as like far as you know, moving forward.

So we had a client recently there.

Doctor told them they were never gonna walk again. And literally, like they our therapist showed up, the patient was in tears, and then they walked 70 feet with our therapist. And it was all because it was a doctor that didn't know them. They did like some reflex testing and said, you're hyporeflexic, you're never gonna walk again. And then literally that same day walked 70 feet. I was like, I hope you go back and tell them, you know, that that you missed that. So it's

Bill Gasiamis (43:15)

Mm.

Kory Langwell (43:36)

really just making sure that you're creating these sustainable goals that

You know, and not letting people like that doctor that may not know you, a family member, you know, get in your ear and and cause these things that are detrimental to your your progress and take it in the right way. So yeah.

Bill Gasiamis (43:55)

You can't actually answer this and I'm putting you on the spot, but I'm gonna ask it anyway. Like I assume that doctors, therapists, everybody is about rehabilitating, supporting, helping people and all that kind of stuff. I I not assume they definitely are, right? But what do you think is behind a questi a statement like you're never going to X again? Like I hear that so, so much and I thought that by the time we get

to twenty twenty six that that won't be a thing that I hear about so often. Like, but I I don't think it comes from being nasty or trying to give people setbacks or whatever. But do you have a sense of what that might be? Is it training? Is it a lack of training?

Kory Langwell (44:30)

Yeah.

The Role of Medical Professionals in Rehabilitation

I think yeah, you see a lot of like GPs, general practitioners, they don't really have great training in like neurological rehab. So if it's a PM and R doc, like a physical medicine and rehab doc, I find usually they're a little more

open-minded or or willing to see you know see the the progress or or whatnot over time. If you go into a doctor's appointment, you show up in a wheelchair and it's been, you know, six months, the doctor's probably your general practitioner is probably gonna be like, well, this is what it is. It's been six months. And I think some of that is from old research that came out that you can't make progress after six months to a year, which was more because they just stopped therapy, they stopped doing things and you know, didn't see progress because of that. So it's, you know, yeah, if you don't do anything and you just sit on your butt,

all day you're you're not gonna see progress or you're not gonna change. So but yeah as far as from a doctor's standpoint it it can also be case by case with the doctors as far as their own experience and whatnot. And I don't think necessarily they ever mean like harm or anything.

Maybe they are trying to be realistic with clients as far as like this is what I'm seeing. I don't think you know, the chances of this are slim, but they they it's probably just a way of wording it better versus saying you're never gonna do something again because there's so many different things that are coming out, like research wise, treatment, you know, like things change drastically now. so it's I I just like to to leave a at least leave the door open for people to see that improvement. So yeah.

Bill Gasiamis (46:16)

And walking doesn't have to be the way you walked before. It could be a different version. It looked differently, feel differently, but it can still be walking. also I think it's from ignorance, right? And again, ignorance, I don't throw that out as a way to attack somebody, but it's like literally that person hasn't been in the space where Kory might work. They haven't been in a space where they have seen people overcome some difficult challenges.

Kory Langwell (46:23)

Yeah.

Bill Gasiamis (46:41)

So they just make a assumption based on old thinking or something they heard in the past or old research that just stuck. And they're just telling you, your job, your responsibility is to find new research to overcome that challenge because that research, it's so bad if there was some and if they disseminated it to all the population in the medical community, and that has been continued to be passed on. I mean, that is so crazy that it persists and now.

I just want to encourage people, do not believe anyone that tells you, A, you've hit hit a plateau, B, that you're never going to do something again. And even though that might be true, just don't believe it because there might be a technology around the corner that happens to solve that problem for you. You just don't know about it yet. And always work towards the solution rather than focusing on the problem is kind of how I see it. And that's generally what you guys tend to do. You guys tend to help people focus on.

Kory Langwell (47:27)

Yeah.

Yeah.

Bill Gasiamis (47:41)

How do we overcome a problem? What's the solution to this?

Kory Langwell (47:46)

Yeah, I think using it as motivation is is huge. So like you can take anything somebody tells you, you can take it one of two ways. And if you let it get you down, that's up to you. Or if you're like, Okay, I take that feedback, I appreciate it, but I'm not gonna accept it and use it as motivation to to strive to do better and move better. Like that that's up to you. and who somebody is in their own, you know, life. So I always tell people it's like, Well, what do you want to work on? You know, if some people are like, I don't wanna do this anymore, I don't wanna exercise, it's like that's up to you. So

And other people they're like, I want to push as hard as I can, I want to do what I can do. And so it's really, you know, up to the what that somebody wants to do

with their life and their progress, their recovery.

Bill Gasiamis (48:28)

Kory, it's been an awesome conversation. Thanks so much for joining me on the podcast and saying yes when I reached out to have you on here and share your wisdom. Can you tell me where can people go and find the information about you?

Kory Langwell (48:44)

Yeah, so our our main website is unlimitedpotential.biz and you we have a health coaching page on there where people could message me on there if they want. I've had some people reach out. I'm pretty active in TikTok on on like DMs if people in my private messages of people reach out there as well. Dr. Kory, K-O-R-Y, stroke recovery PT.

and then I'll we'll try to get you the handle there, the links on all that stuff. Those are probably the two best ways to reach me. I will say it's really hard to give specific advice over a text or an email or whatnot. So I and there obviously I understand like there's a lot of people that have financial issues or they they want the free advice or whatnot, but it's just it's really hard as a therapist to give a lot of that. I try my best and I can't reach everyone doing that, but we really are able to to make a difference when we do work with people one on one. So yeah.

Bill Gasiamis (49:36)

Yeah. There might be programs that people can look into that you are offering either in house or somewhere else. That's probably why I would encourage people to reach out to get an answer about your specific issue. Dr. Corey's not going to do that. just like many people can't answer a specific question about a problem that you may or may not have unless they have information about your data or you know, they're your physician or they have your scans and all that kind of stuff, that's not gonna happen. But that's okay.

people can still follow you because your tips on TikTok are really cool. They're on the mark and that's where I love listening and learning from you.

Kory Langwell (50:16)

Thank you, I appreciate it. I'll keep coming.

Bill Gasiamis (50:19)

Yeah, definitely

keep them coming, man. it's been a great thing, this social media thing because it brings information to people that otherwise wouldn't be able to access it. Some people might be stuck with the doctor who said, You're never gonna do this again. And that would be the most terrible place to be stuck and have nobody else to kind of throw a spanner in the works in that type of thinking and then suggest something more, more hopeful, more positive.

Kory Langwell (50:34)

Yeah. Yep.

Yeah, absolutely. And it's always good. I mean, I learn from stroke survivors all the time on what they're going through. And it's just, you know, it's everyone working together around the world now. So I'm in I'm in California and we have, you know, like we're talking you're in Australia. I've talked to people all over the world now and it's it's just been great to to open those doors to a lot of people and you know, at least have conversations with them. So

Bill Gasiamis (51:09)

Doctor Kory, thank you so much for joining me on the podcast.

Kory Langwell (51:11)

Yeah. Thanks. Thanks for having me.

Bill Gasiamis video 25, image (51:13)

Well, that was Dr. Corey Langwell, Doctor of Physical Therapy and founder of Unlimited Potential Physical Therapy. All of Corey's links, his TikTok, YouTube, Facebook, his eSteam recommendations, and how to reach him directly are in the show notes. If you want to work with him, head to unlimitedpotential.biz. If today's conversation got you thinking about your own recovery, I'd love to hear from you at [unlimitedpotential](https://unlimitedpotential.com).

If you want to go deeper on the mindset and tools that shaped my own recovery, my book, *The Unexpected Way That a Stroke Became, the Best Thing That Happened*, is available at recoveryafterstroke.com/book.

Now a very special thank you to the people who made this show possible. To everyone who has donated, shared an episode, left a review, sent in feedback, commented, or bought my book, thank you. You have no idea how much it genuinely means. This is what keeps the show alive. and a warm welcome to our

newest YouTube members. Jennifer, Brett, Damien, Keith, Trisha, Shanna, Hala.

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