

Journey of a Wounded Healer

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15. A Grown Man in a Toddler's Body

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The progress of my therapies seemed as up and down as a Wall Street chart. I learned not to pay too close attention to the sawtooth peaks and valleys of my abilities on a daily basis and look instead at the longer trends, which were all upward, however gradually. From week to week my improvement was fairly astounding, and that was the chart I chose to pay the closest attention to.

What was perhaps the most frustrating development was that the skill I seemed to have mastered one day was nowhere to be seen the next or even the next several days. I forgot that this was the case the first time I learned to walk and get into mischief. This was the case for any number of other motor tasks I undertook for the first time. I was simply not conscious of my body or my mind in the same way I am now as an adult—an impaired adult. I remember only a sense of wonder and adventure. I speculated that it is perhaps my greater awareness and my ability to envisage different outcomes that has led to greater frustration. But one thing remains unchanged from my first steps as a two-year-old: my determination to get it. That was the one asset that rendered all my deficits temporary and, ultimately, of no consequence. But now I was a toddler trapped in a grown man's body, and it was only the toddler who could learn to walk and to reach for things again.

I felt discouraged that the therapists were continually reminding me to be conscious and deliberate about so many separate movements at one time. Thrust my hip forward, lift my leg, strike with my heel, bend the knee, shift my weight, and then, as if these were not a sufficient number of tasks of which to be mindful at once, they added, "And don't forget to breathe." I doubted at times that I could ever relearn what had once been automatic and smoothly executed. I wanted to throw my hands up and surrender. "I can't." The words caught in my throat and never left my lips. If I couldn't do it, who was going to walk for me?

One of the more disappointing episodes occurred near the end of my fourth week in rehab. My usual physical therapist, Jean Hornberger, had had three days off, but I'd found the advice and input of a different therapist to be helpful. The new fellow had suggested an easier way for me to get up from a sitting position without having to grab hold of anything to boost myself up. He, Allen, also thought I might find it easier to use an ordinary cane for support and locomotion as opposed to the four-footed quad-cane I'd been using. I took to this easily as well and found I could walk just a bit faster because I wasn't first having to balance the quad-cane before I could rely on it to support me. I considered two advancements in a single day to be progress indeed. A second new therapist took me out for a long walk in the corridor between wings of the hospital using the new single cane. Upon her return, Jean, my customary physical

therapist, was impressed with my facility with the new cane, but as soon as I noticed my doctor watching me from a short distance off, my left foot got “stuck” and I lurched backward to recover my balance. Dr. Forrest was instantly upset that the physical therapists had not had me fitted for an AFO (ankle-foot-orthotic), a foot and calf brace that forced the heel to touch the floor before the toes when taking a step. As luck would have it, a prosthesis salesman was on the floor that very afternoon and he and the doctor commenced to fill out the necessary insurance paperwork.

I felt I had failed both me and my therapist miserably when, a half-hour before, when no one special was watching, I performed admirably. It was as though I had been struck with stage-fright. I became a tottering toddler again and my father was not pleased with how dangerous a feat of feet I was attempting. I felt terribly thwarted and was certain Jean would be disappointed in me. She had tried from the beginning to see whether I could escape having to be fitted with one of these contraptions. She was of the opinion that if I could learn to walk properly earlier on, I would not need the device at all. She felt the AFO would only delay the process of walking naturally on my own.

Since it was the nurses and therapists who spent days and hours with the patients as opposed to the cursory five minutes when the doctor poked his head in, I felt they and not the doctor were in a better position to assess what I needed and devise a therapy that provided it. The stumbling episode confirmed my opinion that the doctors devise treatment and that it is the nurses and therapists who actually heal. And it is the patient who must provide his own cure. I decided that I was not going to allow my doctor, well-intentioned though he was, to sideline my recovery.