

HEALTH & WELL-BEING

STROKE is a FAMILY AFFAIR

Jim Graham and the Stroke Survivors Support Group he founded



RON SCHLOERB/ CAPE COD TIMES

Jim Graham survived a stroke and as his health improved he started volunteering at Rehabilitation Hospital of the Cape and Islands, which played an instrumental part in his healing. He suggested they start a stroke support group; he is now its founder and facilitator.

BY BARBARA RAVAGE

In 2002, Jim Graham was, in his own words, “Fat, dumb, happy, and indestructible. Nothing could hurt me.” The Pennsylvania native was living with his wife, Nancy, in Marston’s Mills, working as a plant engineer in the packaging industry. “I was 61 years old, at the top of my game, working 50 to 55 hours a week, out on the road for a week at a time.” Then he started having double vision and vertigo attacks. He went to see his primary care doctor, who diagnosed an inner ear problem. After

a few months of treatment, Jim told the doctor he was getting better. “But it was wishful thinking on my part. I was just learning to cope with it.” He recalls driving home from Wareham one day in rush hour traffic, with his head down so he could peer over the top of his glasses, which helped, slightly. Neither Jim nor his doctor realized he was driving headlong into a life-changing stroke.

A stroke, or cerebrovascular accident (CVA), can be thought of as

About the author

Barbara Ravage moved to Cape Cod from her native New York City in 2000, after the youngest of her children went off to college. She considers heavy doses of ocean air and Cape light the best cure for empty nest syndrome. A graduate of Barnard College, she is the author of nine books, including a biography of Rachel Carson for middle-school students and “Burn Unit: Saving Lives After the Flames,” which explores the history and science of burn treatment. She balances her writing life with yoga, karate, and pottery. After years of making do with two summer weeks on the Cape, her favorite part about living here is that she’s already home.

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a “brain attack.” There are two kinds of strokes: a hemorrhagic stroke occurs when a blood vessel in the brain bursts. In an ischemic stroke, blood flow to the brain is blocked. In both cases, the brain is deprived of needed oxygen and cells begin to die. Depending on the brain area, a stroke can temporarily or permanently affect speech, mobility, memory, and other functions. Depending on the severity and the time before treatment, it can kill.

Time is of the essence when a stroke occurs because treatment can halt the damage. That’s why everyone should know the warning signs of stroke and call 911 immediately if they or someone they are with shows any of those signs.

Signs of a stroke

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Resource: The American Stroke Association/American Heart Association

Emergency medical technicians (EMTs) are trained to conduct a FAST evaluation. As Jim describes it: “They looked at my Face, and saw that part of it was drooping. They asked me to raise my Arms, and when I did, my left one started drifting down. They asked me to say a Simple Sentence like ‘The sky is blue,’ and it came out all garbled. The T stands for time, which equals brain cells dying.” No one should make Jim’s mistake and wait to see if it goes away. Ask EMTs and they’ll all say they far prefer that people suspecting a stroke be wrong than dead. Jim is now the facilitator of the Stroke Survivors Support Group at Rehabilitation Hospital of the Cape and Islands (RHCI), which he helped found six years ago.

It meets the second Wednesday of each month, from 1:30 to 3:30 p.m., at RHCI’s Sandwich location. It is open to all. One need not have been an RHCI patient or even a stroke survivor. Many who come are caregivers and family members of people who have suffered strokes, and some simply want to become better informed. Jim was also instrumental in starting a peer visitation program, which trains stroke survivors and caregivers to visit patients who can’t leave their homes.

The group grew out of Jim’s own experience as a survivor, including his ambivalence about needing support. Jim had gone to a stroke support

meeting at Falmouth Hospital, far from home but the only one available at the time. “Before I went to that meeting, I didn’t feel there was any value in support. I don’t need someone to hold my hand. I’m not going to sit there in front of other people and shed tears like a little wimp. There’s nothing that’s going to help me,” he recalls thinking. “I soon learned how wrong I was.”

Later, when he was volunteering two hours a week at RHCI, he spoke to Stephanie

Nadolny, vice president of clinical services, about starting a group there. She agreed but asked him to help. They expected 10 or 12 people to attend the first meeting; 42 people showed up. “When I stood up in front of a roomful of strangers, with wheelchairs and canes, all looking at me, I asked myself what I could possibly tell these people that will make them feel any better or to ease their suffering. But it didn’t take me very long to realize I didn’t have to do anything more than tell my own story, and then another person got up to tell their’s and then another person and another person. There were a lot of tears shed that day.”

Jim’s story began early on June 1, 2002, a Saturday morning. “When I got out of bed, my left hand didn’t feel like it was where it ought to be

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Somebody has a problem they don’t know how to solve; somebody else has a solution to that problem.”

JIM GRAHAM, STROKE SURVIVOR AND FACILITATOR OF THE STROKE SURVIVORS SUPPORT GROUP AT RHCI

Stroke

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in space," he says. He found himself staggering, and when he went to take a shower, he had to drag his left foot to get into tub. "I thought to myself, 'This isn't good.' When I let go of the handrail, I went down with a twisting motion, got up, let go again, and the same thing happened." He finally had the sense to get out of shower and wake his wife. When she asked what was the matter, his answer was gobbledygook. "That's when it dawned on me that something drastic had happened."

Nancy dialed 911 and within minutes, the fire department EMTs were there. They gave him an aspirin and headed off to Cape Cod Hospital, performing the FAST evaluation on the way. Jim's stroke was ischemic and because of the location of the blockage, he needed special care and monitoring, so the next day he was taken by medical helicopter to Mass General, where he spent a week in intensive care. He was discharged to RHCI after 10 days, and that's when the hard work began.

"There's no question, my life changed in a heartbeat. When I was admitted to RHCI, nothing was working on my left side. My speech was still slurred, I had double vision and a bit of memory loss. They worked on me for three and a half weeks, until my speech was cleared up and my left hand was starting to work. I went home walking with a cane." After five months of twice weekly outpatient occupational, physical, and speech therapy, "I was able to put the cane down, take a test, and get my drivers license back."

But Jim credits RHCI for more than just physical healing. "Aside from improving my physical condition, they improved my outlook on life and everything around it." That's what he aims to do with the support group.

He's got hundreds of stories from the group, but here's one of his favorites: At an early meeting, the wife of a stroke survivor who had recovered enough to do handicraft projects said her husband would send her down to the basement to get tools. But, she confessed, she always came back with the wrong thing. Amid good-humored laughter of recognition,

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Quickhits

Hope for stroke survivors

To learn more about stroke:
**[www.rhci.org/inpatient-care/
programs/stroke](http://www.rhci.org/inpatient-care/programs/stroke)**

For more on the Stroke
Survivors Support Group:
**[www.rhci.org/outpatient-care/
support-groups/stroke-survi-
vors](http://www.rhci.org/outpatient-care/support-groups/stroke-survivors)**

Contact Jim Graham at the
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another woman stood up and said, "I had that same problem until my son-in-law came over with his digital camera, photographed everything in the cellar and printed out sheets of paper, put them in a loose-leaf notebook. Now when my husband wants something, he says 'Go get me this,' I take the page, find what he wants, and when he's done I return it to the same spot." Jim says that's when he realized, "This is support. Somebody has a problem they don't know how to solve; somebody else has a solution to that problem. And that's what has been going on in our support group at RHCI ever since."

In addition to exchanging information and socializing, which is healing in itself, the meetings feature speakers on the many aspects of life that change after a stroke. From spasticity and other movement problems to pain management, alternative treatments such as acupuncture, reiki, and tai chi to depression and the value of humor in recovery. They've even had therapy dogs and representatives from the regional transportation authority to get input about transportation needs in the area.

According to Carole Stasiowski, director of community relations at RHCI, "From the point of view of the hospital, the group is an important piece of that continuum of recovery. You're in the hospital, you have rehab, then you're an outpatient, but then there's the rest of your life. This is an integral part of it."