

# The Balance between Best Case and Worst Case Recovery Scenarios -

*Suggestions from the Patient Side of the Scenario*  
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## First a few Thank You's

- *Miigwech and acknowledgement of the space*
- *Miigwech to ancestors generally*
- *Miigwech to Creator and Spirits*
- *Miigwech to Organizers and Sponsors and Participants*
- *Miigwech to my family*

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## Intro self – family

- Born in U.S. raised in Canada on Reserve (ACES, Boarding School, MMIW, etc.)
- Moved Texas then Wyoming – graduated H.S.! Started family
- Black Hills State –Spearfish SD to earn B.S.
- Sam Houston State – Huntsville TX to earn M.A and PH.D.
- UND!
- Much more than a young woman, seeking drugs, IHS

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Sioux Narrows Bridge, Lake of the Woods, Ontario  
Photo by: H. Burke

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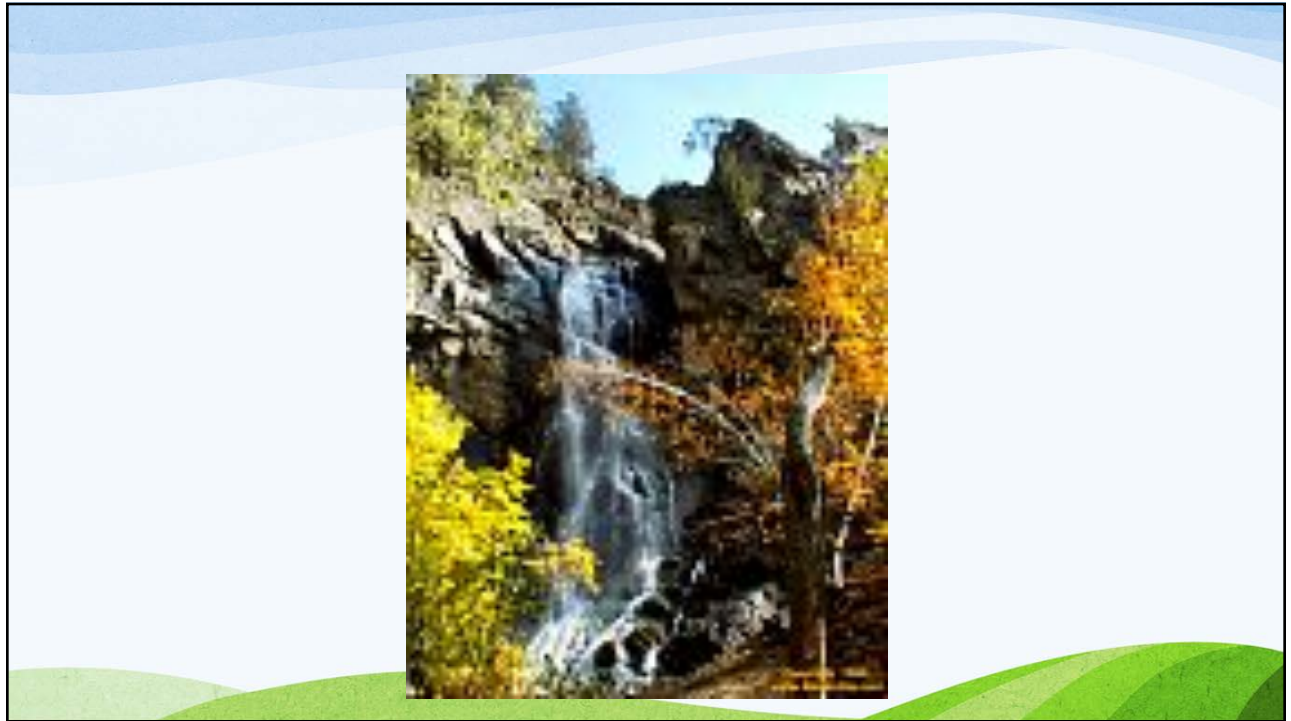
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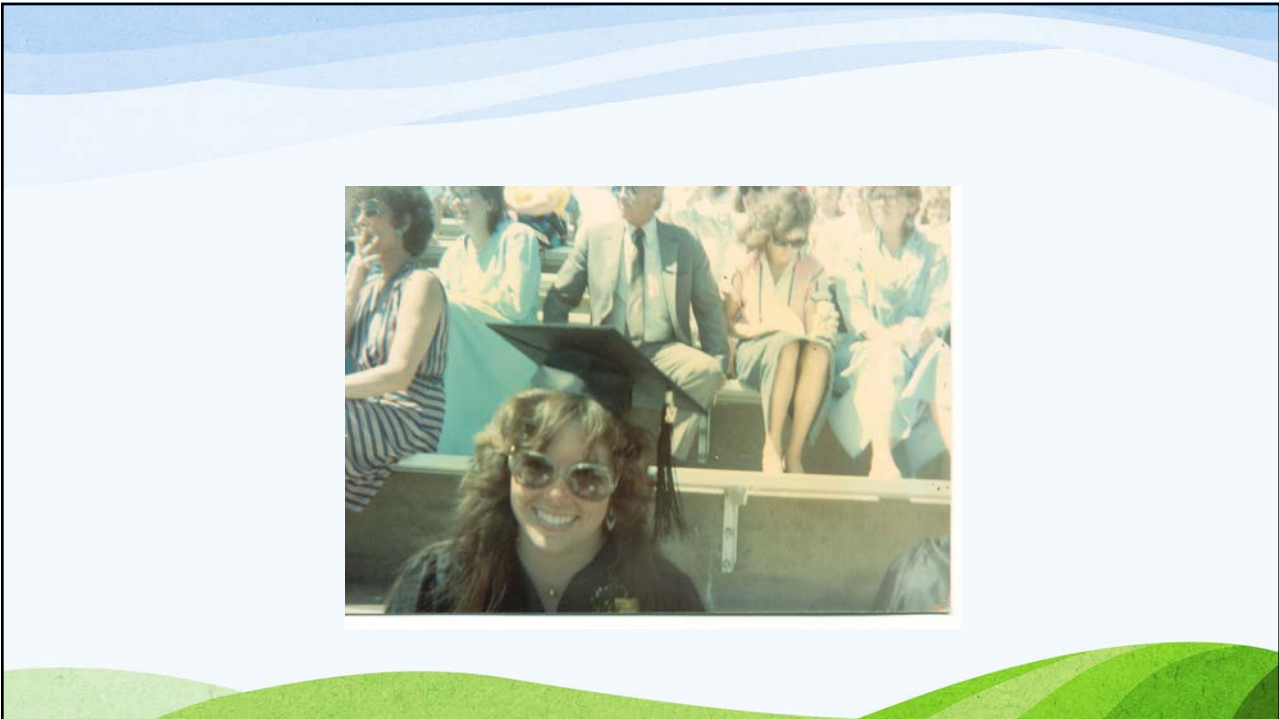
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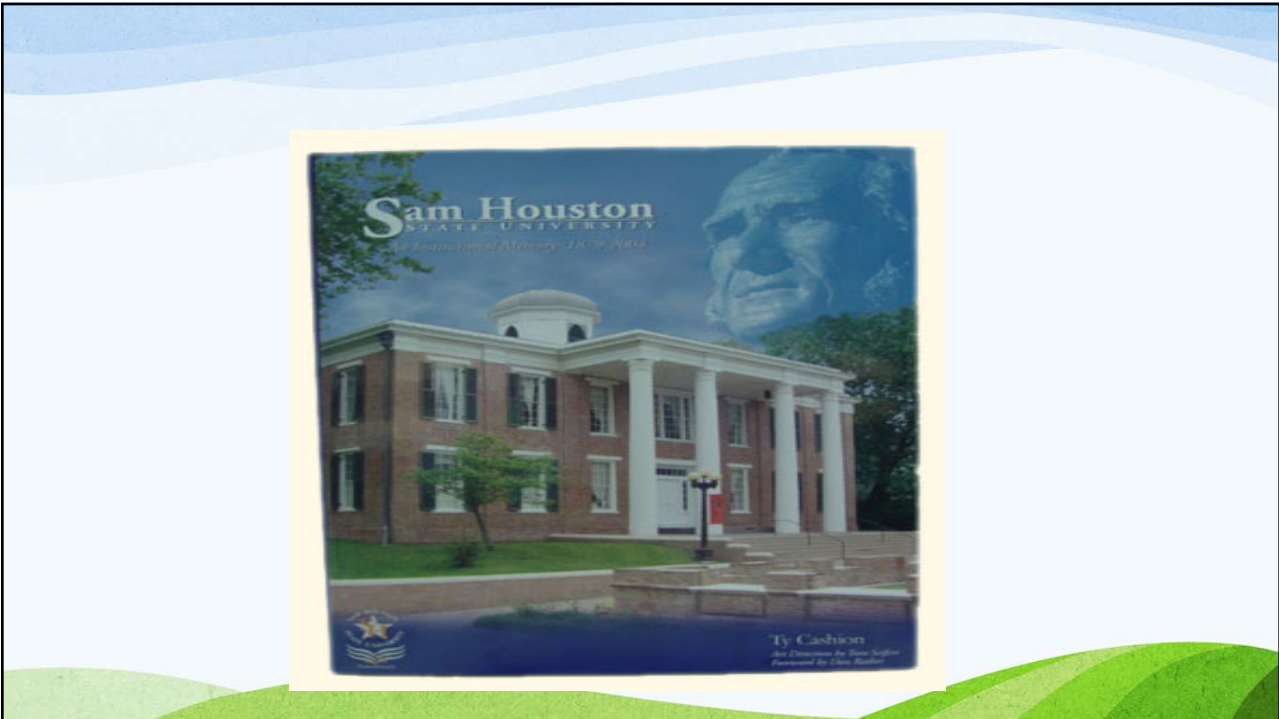
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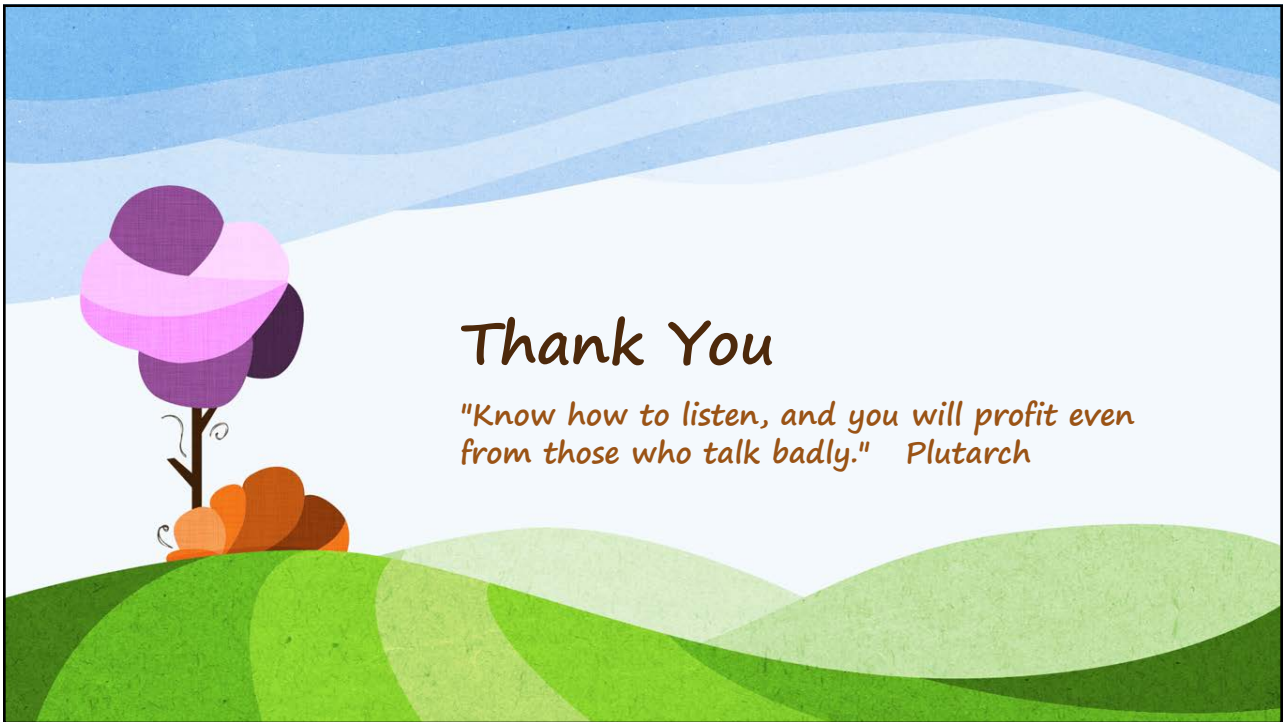
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## Learning Objectives

- 1. Develop an appreciation for the possible emotional impact of recovery related information on the patient and their caregivers.
- 2. Able to differentiate between being too optimistic and too pessimistic when predicting recovery scenarios.
- 3. Being able to integrate some of the information presented into how patient meetings are conducted in the future.

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## A Part of My TBI Story

- Rupture and bleed, told family not worth effort of surgery as likely to die – less than 5% chance
- Titanium plates for pressure fracture, torn optic nerve, shaved bald
- After coma – moved to in-patient rehab- 6 wks
- Difficulty with vision, could not walk or self transfer, could hardly eat, problems with words, math, some memories
- Would hide in bathroom to cry
- Suggested move to a “home”, moved to my home and continued with therapy
- Wanted to be “all better”, realize a new me
- Courage does not always roar. Sometimes, it is the quiet voice at the end of the day saying, ‘I will try again tomorrow.’
- Maryanne Radanbacher – Author

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## 1. Develop an appreciation for the possible emotional impact of recovery related information on the patient and their caregivers. Self Fulfilling Prophecy

- Need to customize based on patient (no cookie cutter)
- Invisible injury
- Will deal with your whole life - Can work on improving your whole life

“Previously viewed nihilistically”  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4590569/#>

Death	You will never	You will
After stroke	work	Be a burden
Probably 3 months - release	Walk/drive	Experience depression/ suicide
Within the year	Be as good as you were	Not improve after first 3 months

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## 2. Able to differentiate between being too optimistic and too pessimistic when predicting recovery scenarios.

- Many factors influence recovery: where in the brain the stroke occurred; how much of the brain was affected, the survivor's motivation; caregiver support; the quantity and quality of rehabilitation; and the survivor's health before the stroke. (Mayo recommended fact sheet from Am. Stroke Association)
- Maybe also support and quality of medical care, survivor's resilience/determination, spiritual factors, extended support network, etc.?

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### 3. Being able to integrate some of the information presented into how patient meetings are conducted in the future.

- Gains can happen quickly or over time. The most rapid recovery usually occurs during the first three to four months after a stroke, but some survivors continue to recover well into the first and second year{decade} after their stroke. (Mayo recommended facts sheet from Am. Stroke Assoc.)
- Work with patient not just to maintain but to help them improve. Encourage them to continue improving, ensure the patient can guide care plan[not just need for a team or for information, or the patient to “Make sure others understand that you want to help make decisions about your care”], include the caregivers, allocate time.

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## *The President's Advisory Council on Women's Issues*



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Supporting and promoting feminist education and research.  
Working to end racism and all forms of oppression.

### **NWSA AND MEMBER WORK ACTIVITIES**

- *NWSA CONTACT DIRECTORY*
- *Standing Committee Chairs: 2005-2006*
  - *Accessibility Wendelin Hume*
- *NWSA Task Force Groups Chairs*
  - *Women and Crime Wendelin Hume*
- *NWSA Regional Chairs*
  - *Upper Midwest (MN, ND, SD) Wendelin Hume*  
*Leni Marshall*

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## Further References

- [http://scmag-digi.stroke.org/strokeconnection/special\\_topic\\_supplement\\_rehab\\_after\\_stroke/](http://scmag-digi.stroke.org/strokeconnection/special_topic_supplement_rehab_after_stroke/)
- <https://www.brainline.org/blog/getting-back-bike/traumatic-brain-injury-lifetime-recovery>
- *J Multidiscip Healthc.* 2015; 8: 433–442. Published online 2015 Sep 22. doi: [10.2147/JMDH.S68764](https://doi.org/10.2147/JMDH.S68764) Improving post-stroke recovery: the role of the multidisciplinary health care team by [David J Clarke](#) and [Anne Forster](#)
- <http://www.strokecenter.org/wp-content/uploads/2011/08/Recovering-After-a-Stroke.pdf>

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