An unexpected journey back from paralysis

It has often been said that it is how one handles a setback in life that has the greatest impact on the aftershock and on one's future. I had the greatest challenge in my life when I was recently confronted with the possibility of being permanently paralyzed from the neck down with an initial prognosis that I was unlikely to get out of bed. My doctors said that they had never heard of anything like what had happened to me in their medical careers. After a week in intensive care and more than three weeks in a rehabilitation hospital, I walked out of the hospital and returned to work. I have only looked back on how far I have come, on how far I still hope to go, and on those who were instrumental in putting me back together that include the physicians, the therapists, the nurses, my wife, Mary, other family members and friends.

How did I get myself in this situation? On Sunday, May 13, 2012, at about 9 PM, I was returning from a short jog in the neighborhood, headed up the driveway, stumbled and flipped on my back hitting my left arm and back simultaneously on a retaining wall. I laid there catching my breath which was very disconcerting as I was not sure if my breath would ever return. After a few minutes, I got up, went in the house and calmly told Mary that I think I broke my left arm and possibly some ribs. She drove me to Sibley Hospital and dropped me at the Emergency Room, while she parked. After getting checked in, Dr. Michelle DiVito, who was the ER doctor on duty, ordered x-rays, while Mary and I waited in the emergency room.

When the x-rays were completed, we met Dr. DeVita at her computer to observe the injuries firsthand. Dr. DeVita could not positively confirm any broken ribs in my back (but possibly 2, 3 and maybe a 4th were broken), but she did say that I had done a real number on my left arm. She put me in a splint and sent me home with instructions to see an orthopedic surgeon on the next day. On Monday morning, I contacted my internist, Dr. Daniel Young, who said to see Dr. David Moss, an orthopedic surgeon specializing in conditions and disorders of the hand, wrist and elbow.

Mary and I saw Dr. Moss on Tuesday, May 15. After examining new x-rays, Dr. Moss said that he would leave me in a splint for a week and reexamine my arm to assess how it was healing. On the following Tuesday, Dr. Moss determined that my arm was not healing correctly and informed me that only surgery would give me full use of my arm. Surgery was scheduled on Friday, May 25 at Sibley Hospital. Regional anesthesia was an option and one that I preferred as I had an important appointment at 4:30 that afternoon. We arrived at the hospital about 7:30 AM to begin preparations for the 10:30 AM surgery. The anesthesiologist, who has the final say on the anesthesia used during surgery, said that he would not recommend regional but rather a general anesthesia, since I was a diabetic with a heart condition. We agreed that the general anesthesia would be rather light so that I could recover and make my 4:30 PM appointment.

I woke from arm surgery about 1 PM, but had no voluntary movement in my torso, arms or legs except for a slight movement in my right arm. In the minutes after waking, I was not too concerned as I thought the paralysis was temporary and likely due to the anesthesia.

A neurologist examined me about 3:30 PM and said that he and the other involved doctors initially thought that I may have had a stroke during surgery due to my diabetic condition with a long history of arrhythmia. I had been taken off blood thinners for surgery and the incidence of strokes increases dramatically in patients under these conditions. However, the neurologist also said that it was highly unlikely that I had suffered a stroke since I was so alert. During the examination, the neurologist brushed my right foot without realizing it and my leg and foot jerked. He quickly said “You just moved your foot, are you sure you are not all right?” I responded “Doctor, you hit my foot and the movement was involuntary.” I thought from the doctor’s reaction that he thought that my paralysis was mental and not physical which I subsequently learned was indeed the second consideration accounting for the paralysis--- the doctors thought I was faking my paralysis. I later found out that it was a logical conclusion for the physicians involved in my care to have come to. Patients waking from surgery and believing they are paralyzed, when in reality they are not, have been well-documented in the medical field. Furthermore, my physicians had never had a patient who had awakened paralyzed from the type of surgery that I had undergone. Little did they or I know, however, that the clock was ticking against my odds of ever getting out of that bed.

Fortunately, my brother-in-law, Steve Wilson, arrived at the hospital about this time. Steve felt something was terribly wrong and called our mutual internist, Dr. Young, and described the situation to him. Dr. Young called Dr. Moss and the anesthesiologist from the arm surgery. Dr. Young came to the hospital as soon as he could. Between Dr. Young and the other physicians he spoke with, a CAT scan was ordered of my head and upper spine.

At about 8 PM, I had the CAT scan. Within only a few minutes of the CAT scan, and while waiting outside of the x-ray room, I was informed that I was being moved to intensive care. I thought “Holy hell, a CAT scan and now in I’m being moved to intensive care. What in the world is going on?” Dr. Young was standing at the foot of my bed and to his left, the neurologist, a new anesthesiologist and one of the Intensive Care Physicians and, to his right, Dr. Joshua Ammerman, a neurosurgeon, Dr. Moss and the other Intensive Care Doctor. Dr. Ammerman told me that I had a ruptured disk between the fourth and fifth vertebrae in my neck that was compressing my spine and it needed to be removed as soon as possible. I looked at Dr. Young and said "You're the quarterback, you call the shots, tell me what I should do." Dr. Young responded "You have no choice, you need this surgery and need it immediately." I looked at Dr. Ammerman and said "Doc, let's get it on!" Dr. Ammerman said that he would enter the front of my neck, insert a spacer between my 4th and 5th vertebrae where the ruptured disk was that he would remove and place a small plate in my neck. The surgery would take three hours.

I asked to speak to Dr. Ammerman alone. I told him that we couldn't be sure what the lesion in my neck was. If it turned out to be malignant, and was in my spinal fluid, I asked that he please not tell my wife or anyone else until he talked to me. He said that he had seen 100s of these injuries and assured me it was no more than a ruptured disk. Shortly thereafter, as I was being prepped for surgery in the OR, I again asked to speak to Dr. Ammerman. I reemphasized my concern about a malignancy and requested that he speak only to me, since at my age, and having had a hell of a good run at life, I wanted no heroics. He assured me that he would but said that I let him take things from here.

The second surgery began at 9 PM and was over at midnight. I was awake by 1 AM, thinking about the fact that I've had two surgeries in about 13 hours and wondered how the second one had turned out. Dr. Ammerman dropped by and told me that it was indeed a ruptured disk and we would talk about the prognosis in a day or two.

The next morning, Dr. Young arrived about 6:30 and we had one of our frank, no holes barred conversations. He and I have a completely honest, open, physician-patient relationship that has resulted, over many years, in a deep admiration for each other. Dr. Young knows that I function best when I know the truth. For example, he told me, after I initially began seeing him, that diabetic patients having had this disease for as long as I have, with all its complications, did not generally live past their early 80s. Dr. Young knew that I would not be affected by telling me this other than take it as a challenge and continue to live life to the fullest.

On the morning after the two surgeries, Dr. Young told me that the compression on my spine had been severe. He also said that there was concern by all of those involved as to whether I would ever get out of bed. My response was "Dr. Young, the official word out of this room is that it's going to take a long time but I will recover."

Dr. Young's and my emotions had surfaced during our conversation. Although he was very calm as he explained the severity of my injury and the possible prognosis, tears were coming down his cheeks; I became chocked up and my voice was very shaky in thanking him for always being so open and forthright. I consider Dr. Young to be one of the best physicians in the world. My concerns were not for me but on how much our friendship meant and how much respect and admiration we have for each other. I knew then what my choices were and how I was going to handle them.

Mary told me much later on during my recovery that she woke up about 6 on the morning after the surgeries, was washing her face and looking in the bathroom mirror, and told herself "We waited too long!" What she meant by this is that we waited too long to do all the fun traveling and wonderful other things we have talked about and planned through the years. My dear wife rarely gets depressed or lets anything get her down as she sees a silver lining in every dark cloud. But this time she could not see even a twinkle of light in what we had confronting us.

Mary came to the hospital about 8 that morning. She said that Dr. Young had called around seven and told her “I’ve seen Dolph--- he’s going to recover but it was going to take considerable time.” I thought it best not to say anything to Mary about Dr. Young’s and my discussion regarding my possible prognosis. However, Mary went on to say that the night before, when she initially saw Dr. Young at the hospital, she began crying, could hardly speak, but hugged and thanked him for all that he had done. She said that Dr. Young replied “We are still assessing Dolph’s condition” but that he looked extremely concerned.

On Saturday afternoon, my daughter, Sandy, arrived from Des Moines, IA. When she leaned over to hug me, I felt for the first time very determined that I was going to get out of that bed. My two other children, Hugh and Michele, and my grandchildren, Amber and Logan, came to visit on Sunday. Visits by family, their love and support, Mary’s constant love and support, and visits, cards, calls by friends and colleagues were all instrumental in helping my recovery.

By Sunday morning, I began to have slight movement in my fingers, hands, legs and feet. Drs. Young and Ammerman came by at different times, examined me and said that the movement was encouraging. Dr. Young cautioned that none of us who were involved in my health issues could be sure how far the recovery would advance. I have been and still am very appreciative of his honesty, as it keeps things in perspective and permits me to assess how I best can deal with the problem at hand.

My cardiologist, Dr. Sean Dwyer, dropped by to check on me and pronounced that my heart was in good shape and said “this is a lot more than you bargained for.” Dr. Dwyer knows my strong desire to live “on the edge” as my wife calls it, since he is a daredevil that has many more “war stories” than I do. He builds and races motorcycles and is a sky diver with various broken bones to mark his enthusiasm for adventure. Dr. Dwyer also had a deep understanding of the blow this set-back caused me as he knew of my number of planned adventures during my upcoming 75th year on this planet.

On Monday morning, which was Memorial Day and the 3rd day after surgery, Mary arrived about 8. The nurses appeared shortly thereafter with a walker and told me that it was time to see if I could stand. They helped me into a chair next to my bed and placed the walker in front me. Mary was bracing the walker on the opposite side, while the nurses pulled me up. When I was erect with no feeling or strength in my legs and arms, I was nose to nose with Mary. She kissed me and said how cute I looked. I told her “I feel so very sorry for all those young veterans who were coming home from Afghanistan with severe injuries and paralysis--- many without arms or legs and how lucky I was.”

Mary repeated this story to several people and would finish her story by saying “What Dolph said was not the first thing that would come into my mind”. But what Mary did not realize was the nurses would turn on my TV in the morning, and being Memorial weekend, I watched one horrible tragedy after another that happened to our troops defending this country, and how very young most of them were with their whole lives ahead of them. I certainly did feel fortunate that I had had an outstanding run at life with most of it behind me; and I knew to the very core of my existence that I was NOT going to remain attached to that bed much longer---- one way or another.

I kept working at trying to wiggle my fingers and toes and moving my hands, arms, feet and legs. It was difficult and stressful but I kept at it throughout the day and much of the night as I generally sleep only 3-4 hours out of each 24 hour period. Although I was not afraid of the alternative, I was determined to make progress, and as noted above, I was not staying in that bed for much longer.

About 3 AM on Tuesday morning, I found that I had the ability to kick my legs up and down and began kicking the bed on the downswing as hard as I possibly could, giving little thought to the noise that I was making and only being exhilarated at the sensation of moving my legs. Two of the night nurses came running in to see what the problem was. They were pleased but told me to hold it down. I was ecstatic.

Later on Tuesday morning, which was the 4th day post surgery, Sandy came by to tell me goodbye as she was returning to Des Moines. She has a phenomenal ability to inspire others to achieve their best and rekindled that strong desire in me to get out of that bed. I told her about kicking my legs up and down and it wouldn't be long before I would be up and walking. I was sad to see her go, but she kept in daily touch with Mary and/or me. Sandy later told me that Mary was always so positive that things were going to work out and that I was going to be just fine as I was the most determined person she knew.

Later that day, Brad Carlson, who runs our laboratory at the National Cancer Institute, came to visit. Brad and I have worked together for more than 15 years, spend about 10 hours a day, five days a week, during normal working days together, have traveled extensively around the world both for business and pleasure, and thus, know each other very well. He is like my fourth child and we probably know each other better than anyone else. Shortly after Brad dropped by my room, the nurses again arrived with the walker to see if I had made any progress in being able to stand. Brad stood in front of the walker. He has a tremendous sense of humor but when it comes to expressing or showing emotion, he is rather stoic. When the nurses were pulling me up to evaluate my ability to stand, I looked at him and the expression on his face told me that he had some reservations whether I was ever going to get out of that bed. I told him “The official word out of this room is that I’m going to recover but it’s going to take a good length of time”.

Later that morning, Drs. Young, Ammerman and Moss came by to check on me. Each of them on their respective visits had me press first my left leg and then my right as hard as I could against their hand; and to do the same thing with my right arm. They seem amazed and Dr. Moss said that I was a miracle in the making. My attitude was rapidly changing from any alterative other than being determined that I was going to be walking soon.

By the fourth day after surgery, the doctors and nurses began discussing moving me to a rehabilitation hospital. A representative from the Washington Rehabilitation Hospital visited on Wednesday afternoon to discuss the possibility of my being a candidate for their center and whether they had space for me. I had gotten slightly more movement in my hands and feet, but was far from being able to get out of bed. I was able to sit up in a chair but was dependent on the nurses to move me from the bed to the chair and back to bed.

On Thursday afternoon, May 31, I was transported by a medical service from Sibley Hospital to the Washington Rehabilitation Hospital. The nurses at Sibley had been incredible. With the medical care that I received from the doctors and nurses, I could not be in better hands during and after the surgeries, and up until my transfer to the Rehabilitation Hospital.

The Washington Rehabilitation Hospital was quite different from Sibley Hospital. We, as patients, were expected to do virtually everything for ourselves or at least push ourselves as much as possible. On day one, I asked my nurse to please help me move back up in the bed as I had slipped towards the foot of the bed--- she said "Do it yourself." That was a major challenge but somehow by using my legs, I was able to push myself upwards.

My breakfasts usually consisted of a hardboiled egg, cereal in a small carton that had to be opened and a pint of skim milk that also had to be opened. The attendant would leave my meal trays with the food and then disappear. The first week I had considerable help with my meals but each day I was expected to do more and more by myself. By the beginning of the second week, I was managing to get more food inside me than on me including less and less in my beard and down my front. By the middle of the second week, I could move the breakfast tray next to me, peel my hardboiled egg, open the cereal and milk cartons, and pour the milk onto the cereal. I was able to eat virtually everything by myself. I felt, for the first time, that I was making real progress.

Three nurses were truly a godsend and made my stay at the Rehabilitation Hospital far better than I had expected it to be. I was initially told that I would likely be there for four weeks and I was not looking forward to being away from work and home that long. One of the nurses, Rosemarie Young, greeted me every morning about 7 AM with a big smile and helped me get cleaned up and dressed the first week and then showered and dressed the second week. Fudie Seisay was also another nurse who handled my medication and took care of me during the day. Hiwot Tsige was my night nurse. She was a delight and very professional. I owe a lot to these professionals for their part in helping me to get out of bed and walk again.

The physical and occupational therapists were exceptional. We had three hours of therapy each day that began with 30 minutes to an hour of occupational therapy, which is learning how to brush one's teeth, shower, dress and care for one's self in general. My two principal occupational therapists were Deborah Hutton and her student, Lana Buchheim. They were terrific--- very patient, very instructive, but very firm. I relearned so many skills from them, as the hundreds of these things that we do and take for granted each day had to be relearned. It was most challenging. As I began to develop my skills better and better, we took on more and more challenges--- during the third week, I was relearning how to work in the kitchen, make lunch and get in and out of a car.

When I finished with Deborah and Lana, I headed back to bed and rest for about 30 minutes before Cara Hosler-Smythe would appear. All the therapists wanted me to sit up in the chair in my room between therapy sessions, but quite frankly, I worked so hard at each endeavor, that I was tired and wanted to rest before the next challenge. Cara was a superb physical therapist who knew her business inside and out--- she worked me very hard. She always pushed me to my limits. I relished it as I knew it was my ticket out of bed, out of the hospital, back to home and back to work. After only two to three sessions with Cara, she had me climbing stairs on one of the training devices. The first time that I climbed three stairs and stood on top of the platform, I felt like I had reached the summit of one of the world's highest mountains--- it was exhilarating.

After 30 hard minutes with Cara, it was back to bed and rest. I would usually spend this time catching up on emails at work and speaking to Brad about the lab. I had relearned how to use my Blackberry and reuse the phone. My youngest daughter, Michele, and Sandy bought me an I-Pad that was a huge help. It made things much easier as I could communicate with colleagues and get manuscripts from Brad to review for submitting for publication. Relearning how to use the blackberry and learning how to use the I-Pad were a focus during my second week at the Washington Rehabilitation Hospital and these played a huge part in my recovery.

Either Katie Larsen or Olujide Akinola, who was also called Mr. O, would appear at my door about 3:30 each day and we would go to one of the physical therapy rooms for an afternoon hour of physical therapy. This was another hard work out that I relished and at which I worked very hard. Katie and Mr. O kept me very busy.

During the first week, my therapists would transport me in a wheelchair to the various places where we would do therapy. By the end of the second week, I was walking to these places. Each of my therapists told me how rapidly I was progressing and how hard I was trying. My response was always that I have never been down this road before and had no way of judging; and could only measure progress by how I was before I became ill---- to me, the glass was still way over half empty. My therapists said they understood.

The young psychologist at the hospital, Dr. Todd Hiller, was also a godsend. We only visited a couple of times but I thoroughly enjoyed speaking with him. He had the most wonderful personality, professional manner and made me feel that I was well on the road to recovery. In our two visits together, we covered a lot of ground and formed a friendship that I very much cherished. I wished we had more time to just chat and learn about each other's interests and goals in life.

Some of the major challenges during recovery were learning how to eat properly without spilling food and keeping food balanced on eating utensils without spilling it, button the buttons on a shirt, taking a shower without dropping the bar of soap, cleaning myself upon visiting the restroom, realizing that I still cannot take anything for granted like picking up a pen and not watching that it is firmly in my hand as the feelings are not there when I have something light in grasp--- if I don't watch carefully, I can walk across a room to only find that I don't have the item I went to fetch. Many of these challenges remain just that--- challenges and it may always be that way.

Some very instrumental things that happened during recovery in addition to the excellent medical care provided by the doctors and nurses at Sibley Hospital, the nurses and therapists at the Washington Hospital Center and my wife's support that played an enormous part in my recovery, were the visits, phone calls, cards and flowers from other family members and friends. I cherished these visits and numerous gestures of caring as they meant so much. It is often the gestures of the dear people in one's life that contact you unexpectedly which touched me deeply.

I was scheduled to stay in the rehabilitation hospital until June 28 but later in the week of June 18, Cara informed me that I was making such good progress that I might be released early. She later told me on Thursday, June 21 that I could go home on Saturday. I was elated and even more ecstatic when Saturday came. Rosemarie came about 7 AM to help me get ready to leave. Mary arrived about 8 and we began packing. Rosemarie took me about 11 in a wheel chair to the car with Mary waiting out front and we said our goodbyes.

There are no words to say how wonderful it felt to be going home--- or to express the gratitude I felt for the doctors and nurses at Sibley, and the therapists and nurses at the Washington Rehabilitation Center, who were instrumental in putting me back together. As I left the hospital that day, I wondered for the first time what the bionic man must feel like as I had four stents, a pacemaker, a plate in my arm with 7 screws, a small plate with two screws in my neck and a spacer between two vertebrae.

Mary and I have relived the month of May 25 to June 23 many times which has led in good part to writing about this experience. Mary told me what saved her and kept her from completely falling apart was my total lack of fear and the manner in which I confronted this entire ordeal---- never grumbling or complaining. My inner thoughts were, even though I was paralyzed, I knew I could handle this and it wasn't going to do any good to worry about the outcome or gripe about the situation--- I had complete control over the future. For one thing, I was not going to stay in that bed forever. I had gotten a good taste of what it was like to be paralyzed during the first week after the surgeries. If I was not going to recover from paralysis, I was not going to have my dear, sweet wife spend the rest of my life feeding me and cleaning up the messes each day.

Just like everyone else, I want to live to see my grandchildren graduate from college, see them have kids and see my great grandkids grow up; but realistically, that is not going to happen. I have had a hell of good run at it, and better than most. I am a strong believer in the old saying "Give no more to death than death itself" and was thinking that I may have to put this belief into practice. Hells, bells, when it's over, it's over! However, I was going to give this greatest challenge in my life my best shot, whatever it took. Quite frankly, it was about as exciting as could be. No one will ever know the hours and hours of effort that I put into working in bed wiggling, moving and challenging every part of my body that I could get to move.

I've often equated life to a 15 round championship fight--- you're going to hit that canvas so hard sometimes that you're not sure whether you're going to get up. The key is to keep getting up, be standing at the end of the 15th round and be very thankful there was no three knockdown rule. With my paralysis, I did manage to get off the canvas before the 10 count and finish that round on my feet.

Those who know me well know that I am very determined. I had made up my mind very early after the two surgeries that I was going to get out of that bed or die trying. I learned from subsequent discussions with my doctors, primarily, Drs. Young and Ammerman, that the short time which elapsed between the initial trauma to my spine that occurred during arm surgery and relief of the pressure from the ruptured disk in the second surgery, and the excellent physical condition I was in, played instrumental roles in my recovery; however, it was my attitude more than anything else that got me out that bed and functioning independently.

Several of my friends have asked me whether I held the doctors performing the arm surgery responsible for rupturing the disk in my neck. I always reply that prior to this surgery I had sporadic, and fairly severe pain in my neck for about two years. I had never mentioned the pain to Dr. Young or any other of my physicians because I was concerned that this would have led to numerous x-rays and/or CAT scans. I was far more concerned about the radiation due to other health issues than I was about the pain. Most likely, I had a herniated disk that ruptured while my neck was being positioned during the first surgery. This rupture could have occurred in any of a 1000 other situations; and by the time I would have been able to reach a hospital, have the ruptured disk diagnosed, and the disk removed, there would have been no chance of my ever walking again.

My daughter, Sandy, who, as I mentioned above, knows me very well, asked me to join her on September 18, in a 345 foot rappel of a building in downtown Des Moines. Sandy knew that her dad was ready for another challenge. The rappel was called “Over the Edge Rappel”. It was being held to help raise funds for the Special Olympics and was to take place in less than four months since my initial paralysis. Brad and I went to Des Moines and did the rappel with Sandy. It could not have been more fun as my many adventure plans for my 75th year on this planet had fallen through after the surgeries.

It has been six months following the surgeries and I am fairly self sufficient, although there is still considerable numbness in my hands and feet. Drs. Ammerman and Young say to give it a year from the initial paralysis and then there likely will not be further improvement. We’ll see what the next six months bring. However, I can drive, type using both index fingers, go to the gym 2-3 times per week and I continue to work at the same pace that I always have. I may or may not improve further--- the way I look at this is “c’est la vie” and “que sera, sera”.

The actress, Bette Davis, once said “Getting old is not for sissies”. It’s true that the stiffness in my muscles and joints, the pain of just walking and/or exercising on some occasions seems to be more than I can handle. It would be easy to tell yourself “I just can’t do it anymore!”. However, I look at this ‘getting old’ as a real challenge and it sure is exciting. Part of what drives me is to see if I can push myself to get in sufficient shape to undertake some of my remaining goals of “living on the edge”, as my wife calls them--- sure is electrifying and what the hell, we’ll see!

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