

Carol Fuller

DO YOU KNOW?

Have you ever wondered what happens to a young person who has become the victim of a stroke? I mean a stroke so severe that it withdraws that person from the workforce before their retiring age?

Can you ever begin to imagine what it would be like? One day everything is running along at its normal pace and life is fine, excellent job etc., then the next day life almost comes to a halt. The brain, which is the control panel of the body goes on strike, malfunctions, and the work stations in the body start to shut down, some sections permanently. But during this period there is a sorting process at the control panel, where it is decided what sections will resume duties and in what capacity.

The stroke victim is in intensive care, the doctors and staff put all their expertise into action, and the victim starts to drift from the world of unreality into reality. The damage report is given and the full extent of the horror of that stroke sets in, and it is devastating! Life goes into slow motion.

THEN WHAT? Well, an assessment will take place to see if the person can be rehabilitated, that is if luck is on their side. Depending on the areas and extent of the damage, there will be two choices: (a) rehabilitation centre or (b) nursing home.

If you have been chosen for (a), you will be transferred to a rehabilitation centre where the hard work really begins. The training is carried out by an excellent team of care nurses, doctors, physiotherapists, occupational therapists and speech pathologists. The re-training is hard slogging for all concerned. The length of stay at the rehabilitation centre will depend on the progress gained. According to progress, the

choice will be either (a) discharge home or (b) discharge to a nursing home.

If you are lucky to be able to choose (a) there may be follow up therapy offered from a day centre. The centres are run by the most caring of staff, but bearing in mind this service will be offered on a short term basis only, depending on progress made, then once again services will cease. If you have access to this service, you are the fortunate ones.

THEN WHAT? Well, once all the initial ground work is done, the medical team have done their job; the rehabilitation team have done their job; the person has, to the best of his/her ability done their job, working hard with what services have been offered. Friends and visitors drift in and out doing their job by keeping the morale high and stimulated. The person then starts to wonder what life has to offer. It is all too often one hears the negative comments 'Did you hear about poor Joe? Poor devil, only a young bloke – had a stroke, well it's the end of the road for him!'

BUT IS IT? It is all too easy to categorise people and put them in the 'too hard basket', and then grade them according to statistics and types of strokes. Every stroke is different and everyone's expectations of life's goals, dreams and aspirations are different. Why be placed on a scrap heap, when a person knows in their own mind that more can be done if given some sort of chance?

WHAT ELSE CAN BE DONE? Well, there is private therapy, if your income allows for that sort of luxury. This luxury can only continue for us as long as an income still flows in, and of course there is a yearly limit on how much one can claim from private health cover, then it is 100% out of your own pocket. This then governs how much you personally can offer

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the person to achieve some of his goals, shattered dreams and aspirations.

WHAT ABOUT HELP? Yes, what about it? There are very few facilities, if any, available which solely cater for a younger age bracket.

Strokes do not only affect the aged population of our society. Very young people have strokes, and it is this younger sector, which is not catered for.

WHAT ABOUT GOVERNMENT ASSISTANCE? Well, what about it?

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