

Stroke

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MAGAZINE

a man with a Gift

How Johnny Sietz'
special abilities
helped Dick Clark
recover

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As Long As There Is Progress

***The unique gift that kept Dick Clark
on the road to recovery***

by Johnny Seitz

Johnny Seitz at his studio; all photos courtesy of Chris Riels-Seitz

In June, 2004, I was walking on the beach in Malibu with a doctor friend who asked if I would consider working with a “well-known” individual who had had a stroke and was completely disabled. Dr. Ralph Potkin is the medical director of the Beverly Hills Center for Hyperbaric Medicine. His facility treats patients, including stroke survivors, with a variety of medical problems.

Dr. Potkin was particularly concerned about a stroke patient whose other doctors had told him whatever mobility had been recovered in his first six months was pretty much all that he could expect — and his six months were up. Dr. Potkin asked if I would be willing to help this man.

I asked him why he thought I could help. “Because your understanding of the connections between the mind and the body are better than anyone else I have ever worked with,” he said.

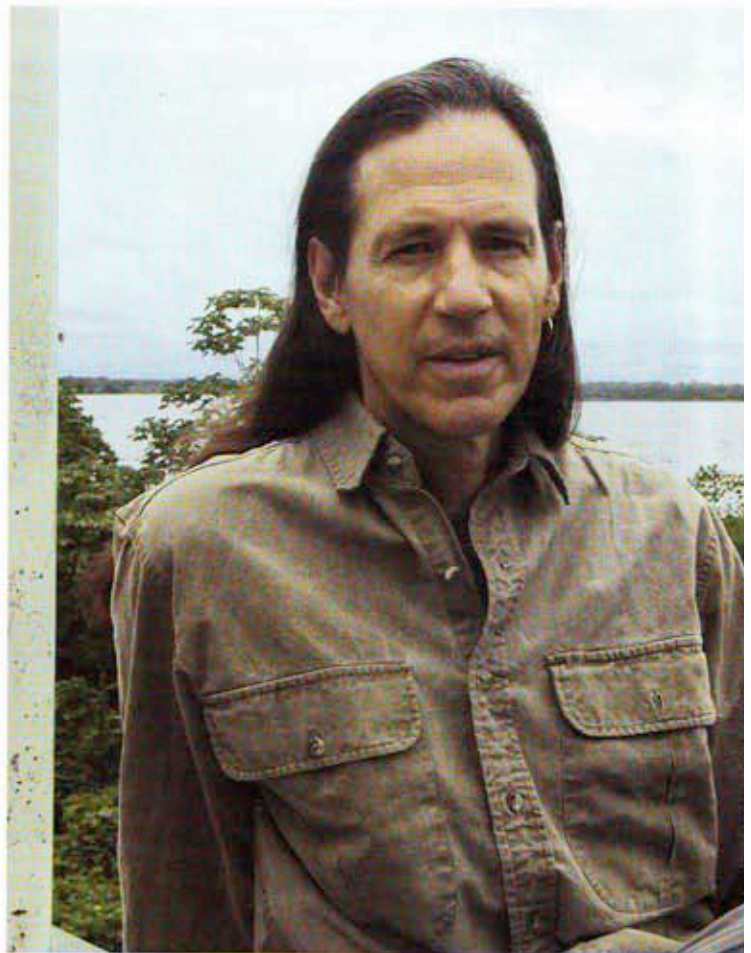
He was referring to the fact that I am a life coach and personal trainer with a kind of unique approach. I see things that others miss, and I am often able to reach around and past the limitations that people think they have.

I see peoples’ bodies in a very different way than most people do because I have always had to. I am an adult with autism.

In my case, I am face-blind and mind-blind. That means I can’t identify people by their faces or read social cues. I read their bodies to identify them and figure out social cues. Without this ability I would never know who the person I was addressing was and, therefore, even what my relationship to them was. Ever since I was a child, I have had to really “see” peoples’ bodies in order to tell them apart and to figure out how to interact with them.

I can also see where they are carrying stress and know a lot about what their muscles are doing or not doing as they breathe, walk and move. I have the ability to read the body and see the traumatic experiences and emotions that are locked in people’s bodies. Through specific movement and biomechanics, I am able to release locked-up emotions and access the blocked musculature.

One of my gifts of autism is the ability to easily encapsulate extremely complex systems visually — in my case, human biomechanics. Dr. Temple Grandin, another adult with autism, is renowned for her revolutionary contribution to understanding animal movement systems, which spearheaded reform in the cattle industry. Other well-known autistic individuals include Albert Einstein and Leonardo Da Vinci.



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➤ I can look at a person’s body and see how they first got to their feet as a child, and then interact according to the child that they were.

The work I do is the result of my ability to encapsulate all of the roughly 602 muscles and 206 bones in my mind’s eye. It comes with my autism. My friend Gerry Newport, also an autistic adult, can do

utter magic with mathematics. My gift is to know what I would have to do to make a certain movement if I were in another person’s body. Because I know what muscles are going to be needed and how to tell someone to find those muscles, I can easily “become” that person’s body in my mind.

I agreed to work with the man, who turned out to be the entertainer Dick Clark. Like many of us, I only knew Dick Clark as the host of *American Bandstand*, perennially good-humored with an extraordinary smile. But on December 6, 2004, he had had a left-brain stroke.

“Six months into my treatment I was sufficiently



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In our first session, I asked Dick if he could curl his fingers. He responded with a little movement of the index finger. Not much to work with, but I figured that if he could get a message from the brain to the hand that resulted in even a subtle movement, we were halfway there. We agreed to meet again at my studio later that week and begin tentatively to explore his deficits and, more importantly, his potential.

I created a vision — to see him walk independent of canes, walkers and braces, and to be able to write and speak with ease. I asked if he was ready to accept my goals. He said he didn't believe he would ever walk without a cane but would go along for a while. At this point, I realized that I needed to take into account his own beliefs about his possibilities, along with his actual

discouraged to ask of a doctor friend, 'Is it true there is nothing you can do for a stroke patient after six months?'" Clark said, "He gave me sound advice: 'As long as there is some progress, you must continue.' Feeling like I had not recovered all the way, I elected to continue.

"Johnny Sietz was recommended to me by a doctor. He suggested I meet with him and see whether I thought he could be helpful. Mr. Seitz had an unusual approach, both from the physical and psychological standpoint. I found both results positive."

When I first met Dick, he had lost all use of his right side. He was lying on his back, turned partially to one side and looking pretty much lifeless, except his eyes. They were kind of hard, and he seemed withdrawn, perhaps bitter but mostly without hope.

He had dramatic muscle loss in his right thigh. It was about the same diameter as his left arm. The gluteus muscle was mostly gone, and the right hand was curled up into a claw at his side.

The six months since the stroke had just about broken his optimism, and he was painfully aware that he wasn't the person or the husband that he had been. He loves his wife passionately and, from what I have seen, is extremely caring for those who count on him. He was now broken-hearted and physically broken. My job was to make his body find movement and, perhaps even more importantly, make his mind believe in the possibility of conquering this challenge.



Johnny working with a client in his studio

physical state. Thus began a five-day-a-week battle that we fought together for the next six months.

I began with getting the left side of his body to bring the right side into action through what I call "bilateral muscle innervations." Basically I had to get the left side to teach the right side how to move again. For example, if the inner thigh muscle on one side is stimulated, that same muscle on the opposite side also receives a message. I would ask Dick to move this part of his leg and the same muscle on

his other leg would twitch. I told him that I believed that I could turn that twitch into a controlled muscle movement.

I went on to try "cross-lateral contractions," for example, getting the left shoulder to move toward the right knee. I have found that many of the natural, powerful movements of the body work in a cross-lateral fashion — running, skiing, climbing, even walking. However, I knew that integrated movement of the limbs would be relatively pointless without strengthening the core spinal muscles, because if the core isn't perceived by the mind as capable of bearing the stress, the brain won't let the prime movers engage at their full potential. These core muscles provide a cohesive column of support. To begin this process I would need to get Dick to rediscover and dramatically strengthen the primary spinal musculature.

One of the primary factors of my work is what I call "energy/stress management." This refers to strategies the body uses to process energy and stress. Think of a new military recruit. The drill sergeant screams in his face, and the recruit cowers at the onslaught. But after six months of snapping to attention, this soldier can be awakened at 3 a.m., be told that the base perimeter has been breached, and he will deal with it effectively because his body has learned to manage stress and do what needs to be done. Dick's body would need to learn a lot about stress management!

A lot of my instructions were unusual. For example, I would act irritating and suggest that Dick raise his knee and clout me in the chin as I set my chin right above his immobile leg. POW! Up came the leg, to his surprise! My unusual demands also allowed for spontaneous, healing laughter.

I did such things as have Dick stand in a tray full of gravel and learn to "listen" to his feet. The sensory feedback would be needed to direct the muscles accurately. After I made him walk barefoot on gravel or walk without a cane or brace, his fear easily transferred into mild aggression that he could then use as motivation. I know that the universe gave us anger to get us through difficult situations so I used it!

Another time I recounted seeing a woman attempting to steal a 5-lb. canned ham from a grocery store by gripping it tightly between her thighs. He laughed, and then I made him imagine doing the same thing in order to activate the muscles that pull the thighs towards each other. This movement stabilizes the pelvis while walking. With inspiration from the laughter, Dick imagined a canned ham between his legs and, lo-and-behold, he got it!

I also taught his muscles to resist the very movements they were making in order to develop fine motor control. This proved critical in relearning to write. I would ask him to move the fingers against resistance and by doing that, his letters became much cleaner. I had learned this movement strategy from mime and dance.

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To get an anticipated tactile effect, I would tell him to touch my eyelid. Dick is a gentle individual, and he would reach deep within himself and find the power and the motor control to touch my eyelid carefully.

I also used positive reinforcement and rewards to get results. For example, he really dreaded the abdominal floor work, so I offered to forgo it, if he could take 25 unaided steps without a cane or brace. It worked!

As Dick learned to walk, he often stumbled or simply began to lose his balance. When this happened, he would fear falling helplessly to the ground. I had to get the sensory input from his feet recalibrated so that he could refine the motor control needed for balance and movement. One part of the brain sends the messages to the muscles, and another provides feedback to make sure the messages being sent are consistent with the actual state of the body.

I also accomplished this recalibration by putting tiny pebbles under his toes and heels and getting him to explore sensory input to the feet from the stones pressing into them. I also did this for his fingers, making him differentiate between smooth pebbles and rough ones.

One of my primary challenges was integrating Dick's experience while working through his transition from fear to recovery after the trauma of being paralyzed. The integration of his mind and body was crucial.



Dick feels confident embracing a new life with a more profound understanding of the limits and the possibilities of his body.

Dick was suffering from what I call “institutionalization.” This attitude develops when patients in an institution get accustomed to the patterns of the place. For instance, the person becomes a “good patient,” waiting for the care providers to do everything. Institutionalization often results in a dangerous loss of motivation.

Institutionalization is common when someone experiences a life change that literally leaves them in the hands of others, especially if they have lost physical control. Any stroke survivor can testify to the ongoing struggles of maintaining personal dignity while surrendering to the care of someone else. My job was to motivate Dick into regaining physical control in his life.

Many times Dick's reaction to what his body was unable to do was to become deeply depressed. I held my vision of what was possible for him at all times. Each time he got mad, I used that anger to motivate him. In fact, his anger about his condition became a powerful tool for finding the will to succeed.

As Dick developed strength and courage, sometimes as he walked he would lose his footing. I would wait a half a second before supporting him so that he could learn to manage the panic response in order to redirect his body and mind back to his movement effort. I caught him many times, but each of those experiences was a lesson in panic-response management.

I knew Dick had reached a milestone when he was able to make the transition from following my instruction to taking control of his process by telling me what he wanted from his body. He then used me to help him reach his desired goal.

Dick said, “I would encourage people undergoing stroke treatment who saw the least bit of encouragement in their results to continue. Every stroke case is different and one must continue to fight for recovery as long as humanly possible.”

Dick is now able to do bicep curls with a 5-pound weight using his once-paralyzed right arm. He takes 25 steps alone without a cane, has been inspired to use the once impossible elliptical trainer exercise device for several minutes at a time and recently hosted and toasted his eager fans into 2006 on New Year's Eve. He feels confident embracing a new life with a more profound understanding of the limits and the possibilities of his body. **SE**

EDITOR'S NOTE: For more information about Johnny and his methods, visit www.biotvding.com.