Extended Interview: John Sims and His Doctor

SUSAN DENTZER: So Dr. Slater, take us back to July 1, 2003, when John arrives ... what kind of condition was he in?

DR. DANIEL SLATER: John, when you arrived here from Richmond, you had a plethora of problems both cognitively from your brain injury, as well as physically. Specifically, the most prominent thing I remember is your speech. You had what is called both an expressive and a receptive aphasia, meaning that you had difficulty processing information coming in, but also had difficulty formulating your words. And it was actually quite amazing how far you came in the five months that you were at neurocare.

I remember talking to you initially, and nearly every sentence you would stop to think about what word you wanted to say next. And literally four months later you were testifying in front of Congress, so a very impressive outcome. Something we always hope for, but don't always get.

JOHN SIMS: I think the problem that I was having with language, my brain would go along and it would know the next word I wanted to use, and I'd get up to that word and just draw a blank and couldn't produce it at all. Now I seem to be having less trouble with that now, but I'm not sure whether that's because I'm going through recovery or I've just gotten used to what I know -- and I don't know -- and I don't seem to get caught as many times pulling up on a word that I thought I remembered, but don't now.

SUSAN DENTZER: What do we think is going on in the brain, or not going on in the brain, that leads to [aphasia]?

DR. DANIEL SLATER: The anatomy is incredibly complex, but essentially there's two areas in the brain, one called warnekies [ph] and the other called brocas, and the brocas area is responsible for the coordination, if you will, of the motor function of speaking, whereas the warnekies area is kind of the receptor, processing information and basically defining it, and formulating its meaning. And again, your outcome and recovery from that was pretty startling, how dramatic and how quick it was. You don't always get that.

Another huge obstacle that I think you made an enormous effort and progress in was

your memory, using strategies. And I really liked what you just said because I think you weren't sure whether or not your recovery was from healing or from you just getting used to it, and I think the answer to that is a little of both. There's no question that brain injury healing continues to occur after you leave rehab, and some say as long as two years after rehab. And the things that are slowest to recover are the thinking, the cognitive skills. The walking, if you will, the talking and dressing yourself, those things occur a lot faster.

So it's not atypical to hear what you just said, and I think the best prognosis as to where you'll be a year from now is how much you continue to progress. It's kind of when the slope, if you will, of recovery tapers, that's when we can start to say well, this is where you're going to end up, if you will.

JOHN SIMS: I thought it was interesting about you referring to mental energies flowing to the brain to be used verbally, because when I was in Richmond, they told me that that was my problem, because the thoughts were going through my head and I was reading them with my head and thinking they were okay, but what was descending and coming out of my mouth was something entirely different, that nobody could understand.

DR. DANIEL SLATER: That's a really eloquent description of a receptive aphasia, meaning that you think you understand it, and you think that your speech is fluent, and it's actually called that sometimes, affluent aphasia. You may not be making sense, but to you, everything that is coming out of your mouth is articulate.

Another issue that we worked on was your left arm. You had, likely due to your extrication from the helicopter having to get you out of the scene very quickly, your arm was likely stretched, and the plexus of nerves that interbate [pH] that arm was injured subsequent to that. And when we first saw you, you had very little use of that arm -- some pain as well, what we call neuropathic pain meaning when you stroke your arm it hurts, just a light touch. And again, I think by the end you were even doing push-ups. Your recovery was phenomenal, and that really was due to your hard work and participating. It was a pretty difficult therapy.

SUSAN DENTZER: What do we think is going on in the brain as that aspect of the recovery process, from say aphasia takes place? Is it that new brain cells are being created,

old cells are -- do we know?

DR. DANIEL SLATER: Well, that's a great question. We know, I think, a small portion. I don't think we know the whole picture by any means. One large theory is that parts of the brain are actually dormant after a brain injury. The injured parts of the brain may not heal completely, but the other parts of the brain that used to communicate, if you will, with that part of the brain, also sort of go to sleep for a while because they don't have that same stimulation, if you will. And so some say that those parts of the brain actually sort of come out of dormancy, and the term for that is dioschesis [pH]. And that's definitely, I think, an important part of recovery.

It's a huge inflammatory process, and that swelling resolves and that's a big component of healing as well.

SUSAN DENTZER: What about the rest of the therapy he underwent while he was here? Give me a sense of what John's typical day was like.

DR. DANIEL SLATER: Well, John also had a really significant injury to the nerves going into his left arm due to basically getting pulled out of the helicopter in an emergent fashion, and some nerves got stretched, and really you were not using your arm much at all, that left arm, for any daily function when I first saw you. And so a great deal of time was spent working on regaining function, range of motion, strength in that arm.

A typical day would start at 8, you'd come to the therapy center and undergo both individual and group therapies, and I think the group therapies are really powerful, and that you get to see peers going through the same thing, and kind of discuss the emotional sort of roller coaster that it can be, going through a healing process with that. And I often think that perhaps it's more believable coming from somebody else with the same injury than from us, sort of giving our perspective.

JOHN SIMS: I would say the problem I was having with my hand was my hand being too flat. Of course, it was my left hand, which I didn't use that much anyway, being right-handed. But once, you know, they were able to give me enough treatment that I could close the fingers better, I started to use it just about as much as I use my left hand normally.

SUSAN DENTZER: John, do you remember a particular person from group therapy or a story or a set of stories that made you think differently about the whole experience, just what Dr. Slater said a moment ago?

JOHN SIMS: Well, it was just kind of like sitting around in a gab session. We didn't talk a lot about how I got hurt, or how hurt I am, or what my condition is. We would just discuss anything that came to mind. It was like a chat session that anybody else sits in. To the experts watching us do it it might have seemed different, but it didn't seem different to me.

SUSAN DENTZER: You're smiling, Dr. Slater.

DR. DANIEL SLATER: Well, I'm just remembering how the other patients saw you, and I think part of it was that, John, you were the ranking officer, if you will, and they definitely heeded your advice quite often. He was definitely looked up to. And so I know your thoughts were definitely appreciated.

SUSAN DENTZER: What did he tell them?

DR. DANIEL SLATER: I think the thing that I remember the most was when new patients came in, he was often orienting them and reminding them of the schedule, and oftentimes people are frustrated the process isn't faster when they first get here, and I remember him often reminding people, "Now, it will get better. You've just got to give us a chance to get to know you." I think it had a lot more impact than if we had said it.

JOHN SIMS: I had miserable feelings when I first got here because I didn't know exactly what was happening, and I didn't know who was doing what, or why I was here. And I noticed that the people who were already here didn't have that attitude, although I said, "Well, yeah, I used to think that way."

Well, I found that out after I had been here a while, got used to the program, and I think essentially when they got out of the testing profile where they weren't really that interested in treating me, they were interested in examining me to find out what shape I was in, what problems that I had.

Once they made their decision on how to treat me, the treatment was much more effec-

tive, more organized. I knew what they were doing, I could see what they were doing, and I could follow along with what was happening better that way. So I felt a lot more confident, and so that was what I was trying to pass on to other guys because I'd see them be as frustrated as I remembered being myself when I first got here, and I just wanted to say hey, you know, speed them up and say, "Look, just relax a little bit. Once these people figure out what they want to do with you and start doing it, you're going to feel better."

SUSAN DENTZER: So what's that all about, Dr. Slater, figuring out what you're going to do with patients?

DR. DANIEL SLATER: He said that so well. Before I came to this job, I, too, worked in the hospital setting, perhaps when I would see John a little earlier in his injury, and the objectives in rehab, to me, were a lot clearer at that stage, trying to help somebody walk again, or feed themself, or dress themself. But when you get further along, you start to see the individual needs beyond that, helping somebody get back into a vocation, interacting socially, those things. And so each brain injury is so different, and really finding out what those specific needs are takes some time. It's a tough process.

...[Y]ou can have 28 injuries all in the same exact location in the brain, but it's somewhat like a fingerprint -- every one of those patients is going to present differently. And so it takes a while to assess and really formulate a meaningful treatment plan.

SUSAN DENTZER: So Dec. 19, 2003, arrives and you go home. Your wife is here, you drive off together, and you think you're doing really well. But now you say you weren't. First of all, tell me about that experience.

JOHN SIMS: It's hard to now describe it as a case of actions or occasions that happened. It's just remembering from now back to then my mental reactions and perceptions of day to day things that I was running into. At the time it seemed like hey, I'm back to normal, I'm pretty much all well again after my injury. But looking back on it now, my reaction is I probably wasn't good at that time, and I'm really kind of embarrassed that I thought I was. But that's like I say -- if you want to know how you're doing, ask somebody else because the equipment you've got for judging that is where you've got the problem.

SUSAN DENTZER: So what would you have said to him on that last day, or just as he was preparing to leave?

DR. DANIEL SLATER: Well, what we did say is that there were certain things that we were definitely concerned about -- how safe he would be in the kitchen, for example, managing his own medications. And there's no question John had made an enormous amount of progress, but we weren't quite where we wanted to be. And that's not atypical at all. Unfortunately, it's rare that you get to have a patient and treat them as long as we were able to treat John, so it's natural that he would be impatient in wanting to go home. But just giving advice as to, you know, don't use the stove, just use the microwave to cook, that very basic sort of thing, having somebody call him to remind him to take his medication, and...

SUSAN DENTZER: How do you look at him now, and what do you think, Dr. Slater? What's your reaction seeing John for the first time now in several months?

DR. DANIEL SLATER: I'm thrilled to death. It's fun. Every time I see him, I see further progress and, like we just said, the statement he just made is -- compared to six months ago, it's night and day kind of recognizing. And that's so much a part of the recovery is kind of the person realizing themselves what they still need to work on. We can't always give that to them.

JOHN SIMS: The big problem is that you can recognize things and realize things and not realize that you haven't recognized everything yet, and you haven't realized everything yet. You know, you say oh, hey, he explained this to me and I remember that, and I can deal with that. But you may miss the next six things that you need to work just as hard on, you know, that somebody else might have noticed, or they're not knowing you're thinking that way or encountering this particular problem or something like that. So they won't be able to give you as exact advice, and if you don't get that advice, your brain isn't in the shape you're used to, to judging that problem for yourself.