

My Story.....

By Meredith Harper, Columbia, South Carolina

My name is Meredith Harper and I am a 23-year-old stroke survivor. On January 1, 2006 my life drastically changed.

Prior to my stroke I was a competitive gymnast and an exercise nut. I worked out in the gym 25-30 hours a week, which included strength, flexibility, and cardio training. When I wasn't training, I was enjoying cycling, running, and hanging out with my friends and family. However, when I was sixteen, I began to feel weak and my heart was racing so fast that I thought it was going to beat out of my chest. My parents kept telling me that I wasn't eating enough or that I needed more rest. But the symptoms continued to get worse, until finally my legs felt like Jell-O® and I just gave out at practice. I set up a doctor's appointment and through testing they discovered that I had Graves' disease, an autoimmune thyroid disorder that affected my entire body.

I was treated, but within nine months doctors removed my thyroid and put me on thyroid replacement therapy. The doctors continued to try to control my thyroid levels, but there was little success. In the meantime, I began to have heart arrhythmias due to a hole in my heart that was never repaired. After numerous tests and my heart actually stopping, they implanted a bi-ventricular pacemaker to control both fast and slow heart rates. This made me a new person and I began to get my life back. I was attending Clemson University pursuing my physical therapy degree, which is my life's dream.

I was home on Christmas break in 2005 and was excited about getting to ride my new bike over the holidays. A friend and I went on our first ride and I felt funny. My head felt like it was swelling and the pressure was debilitating. We stopped riding and called my mom. While we were waiting for her, I passed out. We went straight to the hospital where I was checked out. They couldn't find anything



Meredith with her parents, Joe and Kathy

definitely wrong, and so we went home. I felt better and my body rejuvenated itself.

Once again I was able to go on one of my treasured bike rides on Christmas Eve. I had a similar experience again -- I didn't pass out, but I was not coherent. We proceeded quickly to the emergency room and once again the doctors dismissed my symptoms due to holiday stress.

I felt better over Christmas and was enjoying the holidays. On New Year's Eve, I went out to dinner and I had that same funny swelling feeling in my face and head. Since I was tired and not feeling well, we came home and I went straight to bed. When I woke up on New Year's Day my face still felt swollen, and I was having trouble turning over and getting out of bed. I just thought I wasn't quite awake, so I rolled over and went back to sleep. When I tried to get up several hours later, my face was swollen and I could not open my mouth or speak. I went into my parents' bedroom and my mom immediately knew something was wrong. Once again we were off to the hospital.

When we arrived at the hospital, my mom told the doctors that she thought I was having a stroke. Their first question was "Is there a family history of stroke?" My mom said no, but asked them to look

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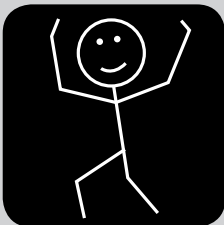
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What can you do if you suspect someone is having a Stroke?

ASK THEM TO:



Smile



Raise both arms



Speak a simple sentence



If the person has difficulty with any of these tasks, call 911 immediately!

STROKE Notes

Mary Elizabeth Parks
Executive Editor

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Season's Greetings to Stroke Notes Readers

As a sense of great hope and thanksgiving permeates the holiday season, we also become aware of how quickly time seems to pass. The North Carolina Stroke Association, now entering its eighth year, has enjoyed great progress in our mission to reduce the incidence and impact of stroke

For those of you unfamiliar with the NC Stroke Association's history, we have been in operation since 1999 and have touched many lives primarily through two programs. The Stroke Risk Identification Program is designed to: 1) identify individuals who are at high risk of developing stroke; 2) review the participants' screening results and counsel as needed; and, 3) provide them with identified community medical resources for intervention and/or treatment. Stroke is likely to leave survivors and caregivers feeling isolated. The Hospital Visitation Program is a post-stroke education program that provides survivors with information on an array of post-stroke issues, and includes a three-month follow-up telephone call to identify special needs once survivors exit rehabilitation and begin the transition to home.

Since inception, the NC Stroke Association has:

- 1) Created, funded and piloted programs that focus on stroke prevention and post-stroke services among three hospital partnerships: Pitt County Memorial Hospital in Greenville; Wake Forest University Baptist Medical Center/Forsyth Memorial Hospital (the "Piedmont Partnership") in Winston-Salem; and Stanly Regional Medical Center in Albemarle. A total of 40 counties will be served through these current Partnerships.
- 2) Assisted partner hospitals in the successful submission of three-year grants from the Kate B. Reynolds Charitable Trust.
- 3) Screened over 10,000 people through hospital partnerships and other collaborations.
- 4) Served over 2,000 stroke survivors through the Hospital Visitation Program since 2002.
- 5) Created a library of accessible, affordable stroke education brochures for hospital partners and the community at large.
- 6) Introduced the biannual Stroke Notes in 2004, now received by approximately 4,000 North Carolinians



Beth Parks, Executive Director and Paul Hammes, Board President

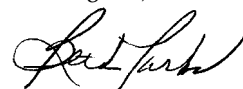
- 8) Partnered with Forsyth Medical Center to support community screenings as a part of a three year, \$2.6 billion Department of Health and Human Services Stroke Initiative
- 9) Launched in October 2004 the annual "Cycle for Life...", a wine-country bike tour which since has expanded to over 300 cyclists and participants, and raising more than \$40,000 in our most recent event held in October, 2006.
- 11) Facilitated annual EMS training for first-responder stroke care, spanning 12 counties.
- 12) Initiated a partnership with the University of North Carolina-Greensboro School of Nursing to conduct screenings in Guilford County beginning in the spring of 2007.

While we are pleased with our progress to date, there remains much work to be done. North Carolina has the 7th highest mortality rate from stroke in the U.S., and resides in the "stroke belt". With your continued support, we are able to further expand our presence and fight against the nation's 3rd leading cause of death, and leading cause of long-term disability.

As we bring this year to a close, we want to say a special "thank you" to the many who so generously share their resources to help reduce the impact of stroke in North Carolina, including our board members who volunteer their gifts of time and expertise. We hold in special memory our past board members who now are deceased: Mr. Dallas Mackey, Dr. William McKinney, Mr. John McNair, Dr. Mike McWhorter, and Mr. Lytleton Scott.

Many blessings to you and yours, and best wishes for a happy and healthy 2007!

Sincerest Regards,



Fall Fundraiser to Honor a Unique Couple

By Beth Parks

The North Carolina Stroke Association honored Ann Lanier Spencer and her husband, the late John Kerr Spencer on Saturday, September 21, 2006 at the Stroke Association's second annual fall fundraiser. The event raised over \$20,000. It was held at the Winston Cup Museum, which is owned by the Spencers' son and daughter-in-law, Will and Christy Spencer of Winston-Salem. A blend of Lebanese, Liberian, Greek, Thai, and American Southern-style cuisines was donated by various community persons. Dr. Chere Chase of Forsyth Stroke and Neurovascular Center was a guest speaker.



Ann and John Kerr 1982

Ann and John became interested in stroke when he had his first stroke in December of 1982. During recovery, John learned of the isolation many stroke survivors endure. He realized the value of support and of keeping active, and he decided to launch a support group for stroke survivors. John founded the Forsyth County Stroke Club and was President from January 1985 until his death on July 10, 1988.

Ann continued her late husband's work by leading the club's efforts in its growth and its advocacy. Over the past 19 years, Ann has kept her late husband's memory and his dream alive. The club meets monthly at Whitaker Rehabilitation Center of Forsyth Medical Center, where Ann and other caregivers organize active group meetings. Ann was one of the founding board members when the NC Stroke Association was created in 1998. Ann has served as board president and she is serving as board secretary. She is entering into her ninth year as a board member, and has been instrumental in the Stroke Association's growth and success.

The NC Stroke Association recognizes Ann and her late husband, John Kerr, for their energy and devotion to service.

Stroke Coordinator for Piedmont Partnership

By: Trinia Hall, RN, MSN, Winston-Salem, NC

When I think of being a Stroke Coordinator for the Piedmont Partnership in its rural outreach – I think about the opportunity to potentially save and restore quality of life. Forsyth Medical Center and Wake Forest University Baptist Medical Center created the Piedmont Partnership. With their support, I am able to reach out to people in outlying counties and empower them through stroke education. Education is my passion, for I have experienced first hand, the nature of rural communities' burden with stroke. Rural communities especially, are burdened with health disparities, and this contributes to the increase in stroke mortality and morbidity. I have worked to decrease the disparity by facilitating stroke risk identification screening programs and community stroke education among the underserved and indigent. I look at myself as being a rural community stroke prevention advocate.

In the two years since the formation of the Piedmont Partnership, I have worked with worksites, senior centers, and churches, and have provided stroke risk screenings to more than 2,200 participants. My experiences are varied. Senior health fairs are a popular location for stroke screening programs. The seniors are very concerned about their cholesterol results and conscientious about improving their overall health. Senior centers offer excellent resources to improve health and prevent stroke. A key indicator to the success of a senior citizen's health is access to senior centers, which advocate health, wellness, and prevention programs.

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Stroke Prevention Guidelines

1. Know your blood pressure.

- High blood pressure (called hypertension) is a leading cause of stroke.

- Blood pressure checked at least once each year – more often if you have a history of high blood pressure.

- The top number is called systolic. The bottom number is called diastolic. If the top number is greater than 120 or the bottom number is greater than 80, consult your doctor.

2. Find out if you have Atrial Fibrillation (called AF).

- AF can cause blood to collect in the chambers of your heart. This blood can form clots and cause a stroke.

- Your doctor can detect AF by carefully checking your pulse.

3. Know your cholesterol number.

- Your total cholesterol number should be 200 or less.

- Cholesterol less than 200 may also reduce your stroke risk. Cholesterol greater than 200 may increase your heart disease risk, a stroke risk factor.

- High cholesterol can be controlled for many people with exercise and diet. However, some individuals require medication.

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4. Know if you are diabetic, follow your doctor's guidelines carefully to control it.

- *Diabetes puts you at an increased stroke risk.*

- *Diabetes can often be controlled by paying careful attention to what you eat. Your doctor might suggest a nutrition program. Your doctor might suggest lifestyle changes and, sometimes, medication.*

5. Find out from your doctor if you have circulation problems.

- *Arteries can become blocked by fatty deposits. These arteries carry blood from your heart to your brain. This kind of blockage can cause a stroke.*

6. Stop smoking.

- *Smoking DOUBLES your stroke risk. Your risk factor for stroke will begin to decrease the day you stop smoking.*

7. Moderate your alcohol usage. If you do not drink, do not start.

- *"Moderate" drinking means limiting what you drink to no more than one drink per day (one drink = 1.5 oz. hard liquor; OR 4 oz. of wine; OR 12 oz. of beer).*

- *Alcohol is a drug and it can interact with other medications you are taking and could even be harmful.*

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A Parent's Message

By: Cathy and Joe Harper, Columbia, South Carolina

Our daughter Meredith had her first stroke on January 1, 2006. There is no way to explain the feeling you have knowing your daughter is only 23 years old and wondering if she is going to recover from this debilitating incident. You know she is a fighter and a survivor from her history of recovery from other medical problems, but this is a whole new ball game.

Your worst enemy in the event of a stroke is lack of knowledge. For most, experience with strokes comes with older people. Now we faced this situation with an active college student who is studying to be a physical therapist!

We made some mistakes, not because we intended to, but because no one told us what to watch out for or what to do for certain situations. Unfortunately, because strokes in young people (especially athletes) are becoming more common, doctors as well as physical, occupational and speech therapists are having to acknowledge that their care is different from an 80-year-old adult. They are not just trying to function each day by dressing, showering, and feeding themselves; they want their lives back. They want to finish school, to get an education that will provide them with a career that will support them in the future. They want to participate in sports and extracurricular activities. They want to go places with their friends and not be considered different. They want to be independent.

Our society is not geared towards making these young people's dreams come true. We need to work to bring more information to everyone. We need to be able to save someone's life by knowing the signs and knowing not to delay getting to the hospital. There are drugs that can stop the brain damage from a stroke if given in time. Unfortunately, very

few people are aware of this, as we were not. The doctor on call on New Year's Day waited six hours to come to the hospital, even though he was paged over and over again. He knew the window, but evidently because our daughter was a young female, he didn't think she could be really having a stroke. He may have caused her irreversible damage, but we didn't know that at the time.

We need to be totally proactive in the care of our families when there is any kind of debilitating disease or condition. One cannot assume that the doctors or other medical personal are giving you the best care or best advice that is available. It is totally acceptable to ask questions. Always ask for a second opinion. This is not necessarily a bad reflection on anyone; it is just good practice to make sure that your loved ones receive the best care available. Our home state, South Carolina, has the highest rate of strokes in the country, but there is very little awareness of this problem even within the medical community. Stroke patients and their families are the ones with the most valuable information from their first-hand experiences. These experiences are invaluable to not only new stroke patients, but to the general public.

Meredith is very fortunate to have progressed so much, so fast. She works harder each day doing normal activities than most people, but that is why she is getting better faster. It takes perseverance and hard work to achieve your goals. Physical, occupational and speech therapy are necessities, but frequent practice outside those therapy sessions expedites the complete recovery process. We have no doubt that Meredith will achieve her long-term goals, even though it will be harder and take longer. She will never settle for second best!

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The worksite screening program presented me with the unique challenges of persons with 12-hour work days who viewed that time as their daily exercise! I found myself faced with educating them that working is not same as aerobic exercise. We partnered with health departments, Healthy Carolinians, worksite nurses, and the community hospitals to emphasize that it is critical to adopt a routinely active lifestyle.

A key success indicator of the worksite screening program is helping employees change their behaviors by making healthier choices. Worksite nurses and wellness programs influence outcomes, and work toward healthier working environments. Trust and camaraderie already exist at these worksites, and that sets the stage for the Piedmont Partnership to provide the screening service to employees.

Because African Americans are disproportionately affected by stroke, it was very important to provide screenings. Most screenings took place within faith-based communities. Stroke advocacy was initiated

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Emergency Medical Services and Stroke

By: Dr. Jane H. Brice, Associate Professor, Department of Emergency Medicine, University of North Carolina

One of the first things to know about Emergency Medical Services (EMS) in North Carolina is that no two counties are the same. The state mandates that counties ensure that there are persons to respond to emergencies, but how the counties accomplish that is entirely up to them. Every one of North Carolina's 100 counties goes about it slightly differently. The North Carolina State Office of EMS oversees the agencies that offer these services. This office provides guidance, administrative structure, regulations regarding certification and administration of medical care, educational support, and leadership. Drexdal Pratt is the chief at the NC State Office of EMS and Greg Mears, MD, is the state EMS Medical Director.

EMS responders come in many sizes, shapes, and flavors. No matter what the certification level or the administrative structure, EMS providers are governed by a set of protocols developed by their medical director that they must follow. The state requires that all systems providing advanced medical care have a medical director. This medical director must attend a standard course to learn the nuts and bolts of providing medical direction for an EMS system, and the state regulations for provision of out-of-hospital care. The State Office of EMS also provides a set of standard protocols that all systems must meet and use as a baseline, although systems may also add to or enhance the protocol to meet their area's medical standard of care.

A typical stroke protocol would include a stroke assessment scale, administration of oxygen as necessary, a glucose check, cardiac monitoring, and possibly an intravenous line. The protocol should also include timely transport to the closest appropriate hospital, pre-notifying the receiving hospital about the impending arrival of a stroke patient, and the exact time of symptom onset. EMS services come in a variety of administrative structures. Some services are provided by county government, some by hospitals, and some by for-profit companies. Some EMS services are completely volunteer, some are completely paid, and some are a mixture of both. In North Carolina, about half of EMS services are paid; the rest are a mixture of paid and volunteer.

There are four recognized certification levels in North Carolina. The medical responder is the most basic level of certification. Usually a first

responder who is located nearby and can get to the scene before EMS, these persons assess the scene, take vital signs, and provide basic care such as splinting or bandaging. Many volunteer fire departments in North Carolina provide this level of service. The next level of certification is the Emergency Medical Technician (EMT). To provide patient care on an ambulance, at least an EMT certification is required. EMTs are trained in basic patient assessment, recognition of life-threatening emergencies, CPR, splinting, oxygen administration, and basic airway maneuvers. EMT-Intermediate is the next level of certification. In addition to the skills of the EMT, these persons can start intravenous lines and give fluids as needed. The highest level of certification is the EMT-Paramedic. After several hundred hours of classroom work and several hundred additional hours of practical work both in the hospital and in the field, paramedics can provide life-saving medication and airway management. More importantly, they are the eyes, ears, and hands of the physician brought to the field. They report their findings to the hospital and can get the patient's stroke care started before they even reach the emergency department. By recognizing a stroke in the field, prehospital providers get the ball rolling and prime the system, so that when the patient arrives, everything is in place to efficiently and effectively deliver the best stroke care possible. By pre-notifying the hospital about a possible stroke patient's impending arrival, EMS providers allow the emergency department to have the CT scanner up and running with an empty table just waiting to receive the patient.

In an earlier article, we discussed that 911 dispatchers recognize about 30% of strokes over the phone during the initial call for services. Once EMS personnel are on the scene, they can detect about 60-70% of strokes – still not perfect, but better. They have the advantage of being able to see and touch the patient that dispatchers do not. But in North Carolina, we are not satisfied with detecting 60-70% of strokes. Thus, we have begun to provide stroke-specific education for EMS personnel through a variety of mechanisms. There are web-based initiatives that allow providers to learn at

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8. Include exercise in your daily activities.

• A brisk walk, a swim or other exercise activities, for as little as 30 minutes on most days, may reduce your stroke risk. You can also improve your overall health by exercising.

9. Lower the amount of salt (also called sodium) and fat in your diet.

• Lowering the amount of salt and fat in your diet may lower your blood pressure and your stroke risk.

10. Know stroke symptoms. The most common stroke symptoms are:

- Sudden weakness or numbness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headaches with no known cause (for hemorrhagic stroke).

Call "911" IMMEDIATELY if you have any of these symptoms. Stroke is a medical emergency.

Treatment can be more effective if stroke is detected early. Every minute counts!

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their leisure and between calls. There are hands-on educational tools such as the Stroke Rapid Response course offered through the National Stroke Association. The American Stroke Association has also made EMS stroke care a priority and has initiated several programs such as Operation Stroke.

Making the call to 911 is essential to the rapid, effective, and efficient delivery of cutting-edge stroke care. The 911 dispatcher may be able to offer pre-arrival instructions to provide appropriate care to the patient even before EMS arrives. Once first responders or EMS are on the scene, they can begin their assessment and pre-notify the hospital to prime the system for the patient's arrival. The system of stroke care begins with the 911 call. The most important thing you can do if you suspect stroke is to pick up the phone and dial 911.

Stroke Notes is sponsored by an education grant from Genentech.

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You and Exercise... Moving On!

Why is exercise or physical activity important? Regular aerobic physical activity increases your fitness level and capacity for exercise.

What risk factors are reduced? Regular physical activity can help reduce or eliminate some of these risk factors:

- High blood pressure -- Regular aerobic activities can lower blood pressure.
- Cigarette smoking -- Smokers who become physically active are more likely to cut down or stop smoking.
- Diabetes -- People at their ideal weight are less likely to develop diabetes. Physical activity may also decrease insulin requirements for people with diabetes.
- Obesity and overweight -- Regular physical activity can help people lose excess fat or stay at a reasonable weight.

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strengthening my right leg and arm muscles by using a variety of fitness machines, and I improved.

At home, or at my parents' home, I would practice taking canned food from the cupboard and replacing it. I would practice check-writing and paying bills for hours. I managed to progress, as I relearned all of the normal day-to-day activities, such as taking a shower, tying my shoelaces, and using a dinner knife and fork. I continued this rigorous schedule in all of my therapy sessions as well as my physical and practice sessions at home. I returned to work part-time, in mid-January, two months after my stroke. My life was beginning to return to normal.

In February, I left the comforts of my parents' home and I returned to my own home. I had made a full circle, but my journey was still incomplete. I depended on friends and coworkers for transportation. In March, I began to drive again.

I continued with weekly group therapy sessions through May. It felt good to meet new people who had gone through similar experiences. I was also a good inspiration to others.

The doctors could not find a physical reason for my stroke, but I had one of those strong type-A personalities. I had a stressful job. I smoked and loved my beer. Also, I had not seen a doctor for a few years. I made changes to my lifestyle, and I halted these traits immediately, so that I could continue my life, my journey.

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- High levels of triglycerides -- Physical activity helps reduce triglyceride levels. High triglycerides are linked to developing coronary artery disease in some people.

Low levels of HDL -- Low levels of HDL ("good") cholesterol (less than 40 mg/dL) have been linked to a higher risk of coronary artery disease. Recent studies show that regular physical activity can greatly increase HDL cholesterol levels and reduce your risk.

Checklist for the Stroke Survivor

- Organize financial, insurance and legal materials and have them accessible
- Keep health and dental appointments
- Have the home environment safe, clean and pleasant
- See to exercise, sleep, nutritional and social needs
- Tend to personal hygiene and grooming
- Use available respite services weekly or monthly
- Monthly assess the level of care to ensure stroke survivor is able to remain in the home

continued from page 1

at me and see what they thought. They immediately called, "CVA," rushed me back to the ER, and checked me out. The neurologist on call was paged numerous times. He arrived six hours later and announced that I was having a stroke, but we had missed the three-hour window for the effective administration of the tPA drug!

I suffered from a left hemispheric stroke, which affected the right side of my body. My face drooped, and I was unable to speak for several hours. My right arm and leg were weak, but I was able to compensate with my left side since I was in excellent shape.

During follow-up therapy, my physical therapist convinced me to use a walking stick so I could begin to strengthen my right side and work on my balance. I began both physical and occupational therapies. I wanted to go back to school, but my doctor said I couldn't. However, I went anyway for the first day and realized I was unable to sit for the class, but I also had no idea what was going on; it was like the teacher was speaking a foreign language. This became the first sign that I had lost a huge amount of cognitive skills, a small detail that no one even thought to mention to us in the hospital. My physical therapist asked me if I could spell flag and add $8 + 8$; I thought she was crazy until I realized that I was unable to do either. This is when we realized that I needed speech therapy also. I found out that I could not even say the days of the week or the months of the year. I was in kindergarten again.

I went back to Clemson to stay in my apartment and go to therapy. However, one weekend I wasn't feeling well and was having trouble talking again. I just thought it was because I had been doing a lot and was tired. My parents wanted me to go to the doctor, but I thought I would get better. However, by Monday, my occupational therapist called them and said something was going on. My doctor sent me to the ER, and there I was diagnosed with another stroke. After the second stroke, I moved back home to continue therapy at Health South, since my insurance benefits had run out.

My family and best friend, Kristen Weinacker, have been my saving grace. They have been by my side

the whole way. They are always there when I need a hug, and they laugh with me when I make mistakes. They stick up for me when I am unable to say what I am thinking and people laugh. I hope every stroke survivor has a family and a best friend that are as good as mine!

I have made great progress because I have been working extremely hard both in and out of therapy. I can ride my bike again and I am working on running. I am taking a course at Midlands Technical College to help me get back into the routine of going back to school. I am also teaching gymnastics classes part time, and I have been enrolled in the S.C. Vocational Rehabilitation program for six weeks, which is helping me learn to cope with everyday situations as well as develop endurance. I have been asked to attend a Stroke Recovery Group through the USC School of Medicine that will give me more physical, occupational and speech therapy; which will allow me to return to Clemson in the fall.

Since I have numerous medical conditions that can cause a stroke, my neurologist at Johns Hopkins is doing her best to figure out the exact cause of my strokes. I was just recently in the ER for similar symptoms. My neurologist feels I am having seizures as a result of the scar tissue in my brain from my prior strokes. I am presently on an anti-seizure drug to prevent these in the future. I hope to soon find the exact cause of my strokes, but it is extremely difficult to find the cause of a stroke in a young person.

My best advice to people who think they are having a stroke is to get to the hospital and make people listen to you. Your greatest enemy is the number of people who don't listen. They think because you're young and look like the epitome of good health, you couldn't possibly be having a stroke! Ask questions and don't be afraid to ask for another opinion, because young people do have strokes. If you keep looking, you will find the right doctor.

I know I am going to go back to Clemson and that one way or another I will become a Physical Therapist. Don't let anyone convince you to take second best until that's the only alternative. Fight for your dreams and you will succeed!

“Cycle for Life...2006”

By Beth Parks

North Carolina Stroke Association's



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The North Carolina Stroke Association hosted its third annual “Cycle for Life...2006” bike tour on Saturday, October 14, 2006 at the Hanover Park Vineyard, Yadkinville, North Carolina. TriStone Bank and Paceline Bicycles co-sponsored the tour.

The Stroke Association recognizes the following volunteers:

Volunteers

Trinia Hall: Wake Forest University Baptist Medical Center Neurosciences
Steve Benton: Wake Forest University
Angie Rhyne: BB&T
Jeff Rhyne: Community
Angela Craven: Wachovia Bank
Cathy and Joe Harper: Volunteers from Columbia, SC
Trish Wilson: Volunteer from High Point, NC
Janice Spainhour: Community volunteer who provided all of the breakfast cakes
Maya Elizabeth Brown
Samantha Anne Brown

Rest Stop Volunteers

Lynn Stevens: Forsyth Medical Center
Mike Stevens: Community
Mary Caponera: Community
Kay Palmer: Community
Rene Holt: Community

Route Design and Marking

Dr. Hugh Wallace: Piedmont Flyers

Logistics

Dr. John Parks: Community
Neil Spainhour: Community

SAG Support

Paceline bicycles: Jim Pennington and Cameron Whitley
Mock Orange Bikes: Charles Von Isenburg

The Stroke Association is thankful to the following supporters:

Presenting Supporters:

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aggressively among underserved African Americans, and we emphasized stroke education and awareness. In partnership with ministers, nurses, and other church leaders, we worked to educate, influence, and empower their churches and communities. A key indicator to the success of faith-based screening programs was the commitment of church leaders.

Collaborations among community medical ministries and the health department enabled the Piedmont Partnership to provide stroke risk screenings among indigent populations. We provided a unique opportunity for individuals with high risk factors to be immediately referred to a doctor or nurse at the medical ministries clinic and thus get follow-up care. A key indicator to the success of indigent clinic screening programs lies in referral and follow-up.

The past two years have granted me the opportunity to educate and immerse myself in stroke. I have become passionate about stroke screening, prevention, and education. Each screening program was unique and valuable. We have made a difference through advocacy. People are growing in awareness and understanding that stroke is largely preventable through risk modification and intervention.

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Stroke FAQ

Frequently Asked Questions

Q. I know that high blood pressure is a risk factor for stroke, but what exactly is high blood pressure?

A. Normal blood pressure is 120/80 or less. Keep in touch with your doctor if it is higher. High blood pressure causes your heart to work harder, which damages your arteries and organs over time. High blood pressure is the number one risk factor for stroke.

Q. What does high cholesterol mean?

A. It means your risk for stroke is greater. A desirable level is less than 200 mg/dL. Your HDL (good cholesterol) should be 40 or higher and your LDL (bad cholesterol) should be less than 130.

Q. I don't have a lot of time to exercise, how can I fit it into my life?

A. A few simple exercises you can do at home are work out in your garden, walk your dog, use your stairs often, and do housework.

Q. What can I do if I suspect someone is having a stroke?

A. There are 3 simple things:

- ① Ask the person to speak a simple sentence
- ② Ask the person to smile
- ③ Ask the person to raise both arms

Call 911 if the person can't do any of these simple things!

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The bike tour had three different courses for cyclists: 65 miles, 40 miles and 25 miles. A total of 259 cyclists participated in the tour through the rolling farmland, countryside, and the foothills of four counties: Yadkin, Davie, Iredell, and Wilkes. The weather was cool at the start, but a sunny day resulted in perfect cycling weather as the morning progressed. A combination of clear sky, abundant sunshine, and beautiful autumn leaves resulted in an ideal ride for the participants. Special thanks go to *Amy and Michael Helton, owners of Hanover Park Vineyard*, for their hospitality and for designing a one-mile route around the vineyard for walkers and children on bikes.

Many cyclists enjoyed the fresh produce (*provided by Vernon's Produce*) and the homemade cookies and baked goods that were at Registration as well as the tour's three Rest Stops.

An additional 60 people attended the post-tour wine tasting and lunch, provided by *Rainbow Catering and Salem Kitchen*, bringing the total event attendance to 319. The tour raised over \$50,000 for the Stroke Association.

Of note were cyclists who have recovered from strokes: Bill Smith, Winston-Salem, who rode the 25-mile course; Chris Sheehan, Hildebrand, who rode the 65-mile course; and Meredith Harper, Columbia, SC, who rode the 40-mile course. Elizabeth Pollard of Winston-Salem rode the 25-mile course in memory of a friend who died this past summer, Mr. Tim Dillon of Winston-Salem. John Parks of Winston-Salem rode the 65-mile course in memory of his brother, Robert, who died two years ago.

Planning for Cycle for Life...2007 is underway. Mark your calendars for October 13, 2007!

My Journey

By: Steve Benton

My journey began one evening in November, after an evening out with friends, and my settling down into my comfortable La-Z-Boy® chair to watch a little television. I drifted off to sleep, and I was awakened by the sudden urge to void. I stood up and proceeded to take a step, only to find myself falling face first. I broke my fall as my forehead hit a kerosene heater. I remained inert on the living room floor, and I felt extreme fatigue, like being catatonic, and was not able to keep my eyes open.

When I did regain awareness, my entire right side was useless. However, I wanted to finish what I had started, to use the bathroom. I began what seemed to be a forty-five minute left-handed body crawl to the bathroom. To do what, I do not know, since it was impossible for me to stand, kneel, or balance. I crawled for thirty minutes to the bedroom just across the hall and rolled onto the mattress, which was made much easier by the recent removal of the bed frame. I, in feeling the tranquility of my own bed, felt the overpowering need to sleep. I truly believed I would be much better in the morning.

Well, I did not feel better in the morning. In fact, it took me four hours to crawl from the bedroom to the living room, where I climbed into my La-Z-Boy®. I sat, contemplating what to do. I wondered if I should call someone, or EMS. If I were to call EMS, I wondered if I would be well enough by Monday to go to work. As Associate Registrar at Wake Forest University, I had to deal with what was happening to me, in my own way and in my own time.

Friends. Thank God for friends. As I was thinking about what to do, I saw my friend, Kenny, pulling up my driveway. Kenny waved as he saw me sitting through the bay window. He knocked and attempted to open the door. It was impossible for me to get up to open the door, so, I hollered to him that the back door was open. It did not take long for Kenny to notice my slightly downturned mouth, my slurred speech, and my inability to move my right arm. I recall saying: "Yes, Kenny, I believe that I had a stroke late last night."

A couple of more hours passed, and after talking with additional friends, I agreed for them to take me to Wake Forest University Baptist Medical Center. I was immediately admitted.

During this time, my mother was trying to contact me, since I had not returned her telephone calls. I

had given to Kenny what I thought was my mother's telephone number, but learned I had transposed two numbers. This was not deliberate, for my mind was not working. Eventually, my mother was contacted, and she came to the hospital early the following morning.

I spent a week in the hospital getting rolled from tower to tower for a battery of tests. I was transferred to the J. Paul Sticht Center for the next step of rehabilitation. I was involved in countless sessions involving recreational, physical, social, speech, occupational, and cognitive therapies. The therapists and nurses were a tremendous asset in my recovery. I was only forty-two years old, and the prognosis for recovery was not favorable. However, I was determined to work toward my goal. I wanted to return home, to my normal life, and would do anything to accomplish these goals.

The therapies were often difficult and involved menial tasks such as moving a clothespin from one string to another, a few inches apart. I remember thinking "If only I could squeeze the pin open... and if only I could move my arm right arm up, just a little... now, at the same time". Baby steps, that's what it was... baby steps. Having to relearn, retrain, and reprogram every little movement.

I was one of the younger stroke patients at the Sticht Center. The staff developed exercises for relearning balance. They were complicated, and required two therapists on either side of me, guiding me through the maze of equipment. I did not believe that I would hit the floor even if I had tried. It was exhausting work, and I could only do brief sessions before tiring and having to return to the wheelchair. But, the sessions left me with the desire to progress to the next level, and to improve my performance.

After a week at the Sticht Center, I was discharged. However, even after preparing breakfast meal to prove my independence, I was unable to go home. Instead, I went to stay with my parents for the next two months.

Mom would drive me to daily therapy sessions at Wake Forest University Baptist Medical Center – Rehabilitation Services. She would wait, patiently, while I learned and struggled to reprogram my thought-walk process. Slowly, day by day, I was



Steve Benton

Today, treatments are available that may dramatically reduce a stroke's devastating effects—but they must be provided within a few hours of the onset of a stroke.

Therefore, if you experience any of stroke's warning symptoms, call 911 and get to the hospital **IMMEDIATELY!**

STROKE WARNING SIGNS

- Sudden one-sided weakness, numbness, paralysis
- Sudden trouble seeing in one or both eyes
- Sudden confusion, trouble speaking or understanding
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe or unexplained headache

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What are the Major Risk Factors?

Stroke is largely preventable by treating medical disorders and changing unhealthy lifestyles. These stroke risk factors include:

- high blood pressure
- atrial fibrillation
- high cholesterol
- diabetes
- cigarette smoking
- heavy alcohol consumption
- carotid artery disease
- excess weight
- sedentary lifestyle

Stroke risk factors such as diabetes and hypertension have increased sharply and are not restricted to older adults. Stroke contributes to the country's health care crisis and it is considered to be an epidemic that will continue as the baby boomers age.



A Chapter of the National Stroke Association

A Delicious Holiday Dessert Recipe for You!

This Stroke Smart recipe was reprinted with permission from National Stroke Association.

Festive Yogurt Trifle

1 quart of vanilla non-fat yogurt	1 large banana
1 1/2 tsp brandy or almond extract	14 ounces of ladyfingers or sponge cake
_ cup whipping cream	Dark chocolate baking powder
24 ounces or 4 cups of frozen, fresh or drained canned fruit in its own juice.	Almonds

Directions

1. Mix the yogurt and the extract in a bowl.
2. Whip cream and gently fold _ into the yogurt.
3. Place a layer of ladyfingers or cake in the bottom of large glass bowl.
4. Top with 1/3 of the yogurt mixture.
5. Top with about 1/3 of the fruit.
6. Repeat steps 3, 4, 5 two more times.
7. Finish with a thin layer of whipped cream and refrigerate for a few hours.
9. Before serving, if desired, decorate with cocoa, fruit and/or nuts.

Traditionally, an English trifle is made from leftover cake, pudding, fruit and flavorings. It gives the baker the creative freedom to mix flavors to their liking. Preparation time is quick, and for best eating quality, serve it the same day. If using ramekins (small ceramic ovenproof dishes), gently mix the yogurt mixture, fruit and cake together, and spoon into the ramekins. Finish the top as you would if using a large bowl. The dessert looks pretty in a straight-sided glass bowl. Makes 12 4" ramekins or a large glass bowl.

The North Carolina Stroke Association is a member of Community Health Charities of North Carolina and will be participating in their SECC fall fund drive. You can support the North Carolina Stroke Association by using our designation code of 1029.



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