

47. Walking

Walking is easy? Maybe so but I had to relearn the technique from scratch and I do not believe that I can yet walk but rather move or stagger forward causing severe stress on my muscle skeletal frame and I can only hope that I will not do any permanent damage. I often experience severe pain and am prescribed enough paracetamol to take two tablets every 4 hours to deaden the pain but I rather grin and bear the pain getting accustomed to it rather than become dependent on a chemicals

Following my two strokes, laying in a bed for 5 weeks in hospital my weakened leg muscles could barely keep my legs vertical to support my own body weight just to stand upright

As I slowly relearn how to walk properly I have been 'moving forward' in different styles and picked up several bad habits. When someone points out something I am doing wrong and I see the logic I try to adjust and begin 'walking' in yet another style 'ironing' out that error. The errors I have been making are: circumduction, not walking with my head up, not walking tall and upright and with my shoulders slightly back, not striking the ground with my heel first, not bending my knee when lifting up my foot, not swinging my hips and transferring my entire weight from side to side. To walk properly here is so much to think about and almost impossible to remember all the time. I just hope that with a lot of practice with staggering forward and focusing on one aspect at a time they will all become natural again

Each time I change my technique and try to adopt a better method I go through a period of pain as muscles I have not used for some time are activated and must get used to the new technique.

Walking is extremely complex and my relearning process started during my physiotherapy sessions at Holywell. The first thing I had to learn was to lock my knees in the forward position. My leg muscles had already started to shorten and it was quite a challenge to get them back to their normal lengths. My physiotherapist would stretch my legs and at first and this was extremely painful so I jokingly called her my torturer. It was actually funny to see her pulling at my limbs. On one occasion she even used her own knee as a leverage point as if trying to break a stick in half.

I was eager to learn to walk and set myself weekly targets and was elated when I could walk the length of the parallel bars (about 8 meters). Once I could maintain my balance, I was taught how to take a step. I had to think about locking my knee in the forward position after every single step. When I eventually learnt the technique, my physiotherapist told me first take only two steps but once I had taken these first two steps it felt so good and I was overjoyed so that I just carried

on and walked for at least five steps much to the alarm and amusement of all. In God's strength nobody was going to stop me now.

When I arrived at Laelia House I was in a wheelchair. One morning, a friend visited me and I was sitting on the bed in the guest room waiting for my friend to gather a few things before going into the city. Without even a thought, I just got up and walked to the door. 'Oh my gosh,' I thought, 'that was easy.' Soon after that someone from the church needed a wheel chair and so I lent her mine, never again getting back into it.

I kept my wheelchair for a while and used it for when I went to South Africa during the first 2 years and also to the Netherlands after 4 years as it had the advantage of me not having to stand in long queues going as an assisted passenger. I would then bypass the long queues and get pushed straight to the front like a VIP. On several trail journeys to North Wales and an flight to Galway in Ireland I went without a wheelchair. I did however ask for passenger assistance to help me with my luggage. After 5 years I had gained sufficient strength and confidence to leave the wheelchair behind on a trip to South Africa I used the passenger assistance's wheelchair. During 2012 I handed back my wheelchair to the Hertfordshire equipment services

During the first six months, I started having severe night cramps. This, my GP explained was due to the lack of use of the calf muscles and prescribed Quinine Sulphate which helped for a while, but as all drugs have side effects I stopped taking it as soon as I could and rather often standing on my toes in order to work the calf muscles

While still in the rehabilitation unit and when looking at other stroke patients, I noticed that most of them walked with a limp or in some abnormal way. At the time, I thought to myself that I didn't want to walk in that way but I soon developed a bad style of walking with my left shoulder and my head down. At least I was walking, or should I rather say moving forward and could cover a distance of at least 50 meters without any support. It would however start to get extremely painful after about 25 meters and I no longer enjoy walking. This was pointed out to me on one of my physiotherapy appointments and it was suggested I walked more slowly and use a stick to maintain a good walking posture. When sitting in a chair, due to weak leg muscles, my leg would flop over to the left causing severe internal bruising to the outside of my foot. This is called eversion <http://en.wikipedia.org/wiki/Eversion>

In trying to keep my foot flat, I also occasionally get ankle inversion when sitting at my desk: http://en.wikipedia.org/wiki/Inversion_%28kinesiology%29

I constantly have to be aware and ensure that my leg does not flop over and that my foot is flat on the floor to prevent damage.

Lifting my foot off the floor by bending it at the ankle while sitting has been a real challenge. This motion is known as plantarflexion

<http://en.wikipedia.org/wiki/plantarflexion>.

For quite some time I used a foot exerciser or sit stepper on an almost daily basis and as often as I could. Gradually the stiffness eased.

The next challenge was to be able to lift my toes while sitting and I realised that the big toe is the key to lifting all my toes. I started by walking around the house bare foot or with socks on if the floor was too cold. While walking around the house and especially while standing in the kitchen, cooking, I would try to stand only on my toes. In church, while praising God, I would constantly try the same thing unnoticed by those around me. These exercises would also give my calf muscles a good stretch, keeping away the possibility of the return of night cramps. If I couldn't balance by standing on my toes with both legs, I would simply stand on my toes one foot at a time. My efforts were soon rewarded and on day 1199 after my first stroke, I was able to just weakly lift my big toe. I then acquired a cheap tens machine and after only a few days use was able to weakly lift all my toes at will (1318 days).

Both these challenges were achieved when sitting, so the next challenge was to do the same while lying flat on my back. I arranged a bandage to strap my feet together and began, in the early mornings, to learn to rotate my ankle by using the good leg for strength. On day 1429, I was first able to bend my big toe while lying flat on my back. I made so much progress that I think my physiotherapist was so impressed during a routine assessment that she decided to help me further by granting me a few more sessions.

She first got me the use of a Microstym Machine which electrically stimulates the nerves in order to assist with plantarflexion (bending at the ankle) by slowly exercising the muscles and building strength. After daily use of the Microstym, it occurred to me that if it works on my foot it should also work on my hand and so without consulting my physiotherapist, one evening with a friend in attendance, I connected it to my arm with pleasing results. The rest of this story will be dealt with in the chapter 'moving my fingers'.

When an able-bodied person walks, each leg swings directly underneath the body. In order for the swinging foot not to strike the ground at the middle (lowest) point with each step the person actually slightly lifts the toes. This is called dorsiflexion <http://en.wikipedia.org/wiki/Dorsiflexion>. This was not possible for me due to my solid stiff foot so I tended to swing my left leg forward in a wide arc which is called circumduction:

http://en.wikipedia.org/wiki/Circumduction_%28anatomy%29

At a later session, my physiotherapist issued me with a FES (Foot electrical stimulation) unit which works similar to the Microstym unit with the addition of a

heel sensor. When walking, as soon as my heel lifts, the unit engages and sends an electrical pulse to my toes which then lift allowing me to swing my leg directly underneath my body. I tried to walk a short distance each day using the unit and after each walk I felt quite funny as my brain gets used to a better way of walking. Once I thought that once I got totally used to it, I would be wearing it all day but after talking to a physiotherapist when I went to SaeboMAS assessment who said I have enough range of movement in my foot and so I stopped using it. The unit also forced me to stand properly by putting equal pressure on each foot. If I didn't stand evenly the unit engaged and gave me a minor shock.

Walking somehow effect my arm as every time I walk one of the physiotherapists would immediately say 'You have been walking' I spoke to a physiotherapist and he tried to explain it to me. Here are my thoughts. As I have not yet learnt to fully shutdown and relax the muscles that are not used for walking as subconsciously tense up my entire effected side so also causing my arm to tense. This is especially prevalent on the first few steps that I walk and that is why I do not like stopping or walking slowly in a shopping mall or window shopping. I have to know exactly where I am going before I set off

A physiotherapist from Saebo, Glenn pointed felt I had enough flexion and dorsiflexion of my foot and was surprised I was still wearing a FES. I thought I would try a while without and on an assessment I returned the unit but was instructed to try another 2 weeks when I felt I actually still needed it so it was reissued.

During 2013 a friend, Keith pointed out that I barely bent my knee nor lifted up my foot before taking a step. Keith also noticed that I tended to lift my effected shoulder rather than keeping the other shoulder down in a normal level position

After I can walk comfortably and without pain I will be relearning how to run. Running is different to walking in that you normally run bearing the weight on your soles rather than your heels. In my younger days I did a fair bit of road running so have experienced this. I am however somewhat apprehensive to get back onto my toes as I feel I will fall over as my foot control of my effected foot is still slow.

God willing one day when I run the London marathon, I will have my own personal physiotherapist as the physiotherapist who got me to stand again has offered to be with me on that day!