

STROKE MATTERS

Spring 2020

Minnesota Stroke Association



*a Love story about
language & communication
and marriage & collaboration*

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Minnesota Brain Injury Alliance
Minnesota Stroke Association
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Letter from the Chief Executive Officer

By David King



Dear Stroke Matters Readers,

I was not expecting to be writing this issue's opening letter from my own home, but, as you are aware, things in our world have taken an unexpected turn. We are now looking at an upcoming month of further isolation with a sharper focus on personal health than many of us are used to. Those in the stroke community are well aware that life can change unexpectedly but rarely has it happened to so many all at once. Still, May is Stroke Awareness Month, and that means a time for us to find strength in our community, to reach out to one another for support and to connect with the people and services we need to live our best lives.

Connection is vital to our health. Even if we can't be together, we can still connect. In this issue we'll look at the different ways people have connected with each other.

First, Courtney Bevans and Brayden Halbert are two very different people with two very different stroke experiences, but their stories are both examples of the value of connection. Courtney is connected with the medical community through her family's history of nursing. This connection gave her the support she needed through her stroke recovery and gave her a deeper insight into her own journey. Brayden connected to his peers through his involvement in sports and demonstrated to his community the value of diversity on a team. Courtney and Brayden's stories are both fascinating and I hope you give them each a look.

Next, Barbara Rose-Brown and Carlyle Brown are creative collaborators whose relationship was tested by Barb's stroke and subsequent aphasia. But, they found a way to express their process on stage with their play *A Play by Barb and Carl*. Our article about them discusses their experiences, their collaborative process and how the Minnesota Stroke Association came to be involved in their story.

Strike Out Stroke Day at Target Field has been cancelled due to world events, but Strides for Stroke is still on, albeit in a different form. Read Jarett Klein's update about our upcoming virtual Strides for Stroke on May 16. We hope this new event brings together members of Minnesota's stroke community in a new way to unite us in a common cause. Please visit strokemn.org for more details.

Finally, the Minnesota Stroke Association is still available to connect with you through Resource Facilitation, a free service that is available to anyone who has been affected by stroke or brain injury, including family, friends, co-workers and medical professionals who provide services for individuals with stroke and brain injury. Please contact our Resource Facilitation department at 763-553-0088 for assistance and accessing resources.

Thank you so much for your continued support of the Minnesota Stroke Association. If you are able to give to the MSA during Stroke Awareness Month, please visit strokemn.org/donate/. Every dollar counts towards supporting our mission and programs across Minnesota.

Thank you for reading, David King

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a Love story

This is a deeply personal thing that we two very private people are sharing with the world. More importantly, it is meant to bring Barb into the world. And meant to revisit our relationship with each other and this community. Our theater community. It is what happened to us and is not meant to be the "stroke victim play" because the play is for Barb so that she can hold her head up and show the world that she is not a victim. The play is a love story. It's a play about language and communication. About a marriage and collaboration. About a particular playwright, me, and his dramaturg Barb who suggest a scenario that they put a play together when she cannot speak.

— Carlyle Brown

By Phil Gonzales, Public Awareness Associate



I spent the majority of my interview with Barbara Rose-Brown and Carlyle Brown transfixed by Barb's ability to communicate using very few comprehensible words. Her stroke has left her with expressive aphasia – the loss of the ability to produce language – but, her comprehension remains fully intact. And, most apparently, her desire to connect remains fully intact.

Carlyle Brown has spent his theatrical career connecting with people through his words. An award-winning playwright, performer, artistic director and teacher, Carlyle's resume reveals a list of artistic credits that bring to light and attempt to make sense of the Black experience in America. In 2002, he founded Carlyle Brown & Co., a non-profit "interested in innovations in dramatic form, rich story-telling and shaping ideas into theatrical events." The New York Times has called Carlyle "one of America's more significant Playwrights."

Barb, since they first met in the mid nineties, has functioned as Carlyle's dramaturg.

"She's an audience of one," Carlyle explains. "When we met I had this play, *Buffalo Hair*, and it was kinda

there but a bit of a mess. There was something going awry with the play. I had too many ideas in my head and so I asked her could you help me keep track of this? And she understood what I was doing, where I was, and she helped find some sort of order. Art succeeds when it's arresting. When it makes you look and see things in a different way. And that's what she does for me as a dramaturg."

In March of 2017, Barb had a stroke. There had been small warning signs, but as they both explain, neither of them had any real awareness of the signs of stroke. They weren't insured, so regular medical visits weren't part of their routine. And, as often happens, Barb's stroke caught them completely by surprise.

With Barb's speech so dramatically affected, the couple's collaborative relationship had to be reexamined. How does one collaborate with a partner in a system that hinges on the partner's ability to use language? How do you begin to even process that?

"It was always going to be a play because I'm a playwright," says Carlyle. "It was an exercise in dealing with sh*t and a way to check in with each other in

a complex way that she wanted to be checked in with. I would read it to her and – oh that’s bullsh*t! It was about making it real.

“That’s why it’s called *A Play by Barb and Carl*. I couldn’t possibly write it by myself because she is the main character of the thing.”

In June of 2019, the Illusion Theater in Minneapolis included *A Play by Barb and Carl* as part of their Fresh Ink series. Vivian Martin, Illusion’s Board President and board member of the Minnesota Stroke Association, saw the opportunity to connect the play with the stroke community at large.

“I actually got to know Carlyle and Barb when I learned of her stroke,” Vivian says. “I started visiting her when she was at Jones Harrison [Transitional Care/Rehabilitation]. I remember the afternoon when Carlyle took out his laptop and told me he had started writing a play.”

But, Vivian’s connection to Barb’s story went beyond her dual board affiliations. Vivian is a stroke survivor herself.



“I went to see Barb because after my stroke someone came to see me,” she says. “I couldn’t stand up or speak but she took my hand and told me to fight for my recovery. I am a fighter. Barb is a fighter too.”

Vivian brought up the idea of collaborating with the Illusion to raise stroke awareness at the production with masks from the Unmasking Brain Injury In Minnesota project that had been created by stroke survivors to be hung in the lobby at the Fresh Ink performances.

And, when *A Play by Barb and Carl* ultimately takes the Illusion’s main stage, the Minnesota Stroke Association plans to once again be present with information in the lobby, another mask display and a panel discussion following one of the performances.

Barb and Carlyle see themselves as having reached a new level of normal in their lives.

“There were things that were important to Barb that are certainly no longer important,” Carlyle says, “that didn’t really have any meaning. I would say, universally, all of those things were a burden to her in terms of being what I think is more like her true self. The self that she’s happy with. So it’s a hell of a price to pay for that but it’s okay that that person arrived.

She’s cool with that.”

Throughout this entire interview, Barb has spoken directly to me. Her words aren’t there, but her meaning is. She may not be able to use words like she used to, but she can still connect.

“When I teach playwriting,” Carlyle says, “people will ask me ‘How do you write good dialogue?’ And the answer is you don’t. You have real people, characters, who want something badly and that’s why they’re speaking. To get what it is they want! That’s how drama works. That’s why the character is speaking. ‘I want to...’ And in Barb’s case it’s ‘I want to express this or that.’ It starts with an ‘I.’ And this, as dramatists, reinforces this whole thing about human beings and how they express themselves.”

“It is all about reaching out and connecting,” Vivian says. “Those of us connected to stroke form a community that lifts us all up.”

*The play must go on! Due to the COVID-19 pandemic and precautionary measures, all theatre performances in Minnesota have been put on hold. Once performance dates for *A Play by Barb and Carl* become available, we will have that information posted on our website at strokemn.org.*

A stroke can happen to ANYONE at ANY TIME!

By Nancy Christensen, Administrative Specialist

May is National Stroke Awareness Month, a time set aside to highlight the importance of knowing the signs and symptoms of stroke as well as educating the public that anyone can sustain a stroke. The Minnesota Stroke Association encourages persons to Act F.A.S.T (Face drooping, Arm weakness, Speech difficulty, Time to call 9-1-1) if someone is having a stroke. When it comes to stroke every second counts! Quick access to medical treatment often makes the difference between full recovery and permanent disability.

Stroke is frequently preventable and largely treatable. Living a healthy lifestyle (e.g., being physically active, eating more fruits and vegetables and foods low in sodium and salt, maintaining a healthy weight, and avoiding smoking) can reduce the chances of having a stroke. Properly managing certain medical conditions (e.g., high blood pressure, high cholesterol, heart disease, and diabetes) also can lower the risk.

A stroke is a brain attack and it happens when the blood flow to the brain is stopped. The brain needs a constant supply of oxygen and nutrients in order to work well.

SUDDEN ONSET of the following symptoms may indicate stroke

When the blood supply is stopped even for a very short time brain cells can begin to die in just a matter of minutes. When brain cells die, brain function is lost. Things that are controlled by that part of the brain, like eating, talking, moving and remembering, can be affected or lost.

There are two types of stroke, ischemic and hemorrhagic. Ischemic stroke, the most common, occurs when a major blood vessel is blocked, often times from a clot. It can also be from a buildup of fatty tissue or cholesterol typically referred to as plaque. Hemorrhagic stroke is less common but typically occurs when a blood vessel in the brain bursts.

According to the Minnesota Department of Health, stroke is the sixth leading cause of death in the United States. In Minnesota, more than five percent of all deaths are due to stroke and it is leading cause of severe disability. Your risk of stroke increases as you get older. At younger ages, men are more likely than women to have strokes. However, women are more likely to die from strokes.

	SYMPTOMS A LOVED ONE MAY EXPERIENCE	SIGNS YOU MAY NOTICE
1. CONFUSION	Unable to understand what is happening, can't think clearly or feel thrown off	A puzzled look, a hard time focusing, trouble making decisions
2. DIFFICULTY UNDERSTANDING	Unable to comprehend speech or language	Raised or wrinkled eyebrows, shaking their head "no." Unsteady or woozy
3. DIZZINESS	Feeling faint, light-headed, or like the room is spinning	Unsteady movements (like they have motion sickness), like they are drunk (without having any alcohol)
4. LOSS OF BALANCE	Unstable with less coordination	Wobbling around, grabbing onto a stationary object
5. NUMBNESS	A tingling sensation in the body (i.e. face, arm, or leg), like pins and needles	Constant touching, massaging, or shaking of the numb areas
6. SEVERE HEADACHE	Pain or discomfort in the head, scalp, or neck with no known cause	Touching their head or rubbing their temples, sensitivity to light
7. TROUBLE SPEAKING	Unable to speak or slurred speech	Sentences that can't be understood, difficulty having a conversation
8. TROUBLE WALKING	Stumbling or unable to walk straight	Tripping over nothing
9. VISION CHANGES	Blurred vision or trouble with eyesight in one or both eyes	Squinting or rubbing their eyes, not able to read
10. WEAKNESS	Lack of strength in the face, arm, or leg—especially on one side of the body	Wanting to sit or lay down, difficulty doing simple tasks

What should you do if you think you or someone else is having a stroke?

- Call 911 immediately!
- Note the time that you FIRST saw the symptoms. There is a drug called tPA that can be given to reverse or stop further symptoms from developing. This medication has a fine window of time though that is has to be administered, typically 3-4 hours.
- Perform CPR if necessary. Most stroke sufferers are not unconscious but if someone does not have a pulse and has stopped breathing you can administer CPR while waiting for the ambulance to arrive.

What should you NOT do if you suspect someone is having a stroke?

- Do not let the person go to sleep or talk you out of calling 911. Stroke survivors often complain of suddenly feeling very sleepy when a stroke first happens. But time is of the essence. As mentioned earlier the medication that can be given to a stroke survivor is time-sensitive.
- Do not take or give any medications, drinks or food.
- Do not drive yourself or someone else to the emergency room.

Stroke can be frightening to witness but it is important to stay focused, remain calm and take immediate action remembering that it can be helpful in having the best possible outcome for you or for them.

During the month of May, take a few extra moments to familiarize yourself with the signs and symptoms of stroke. Remember to always Act F.A.S.T!

ACT FAST at the FIRST SIGN of STROKE



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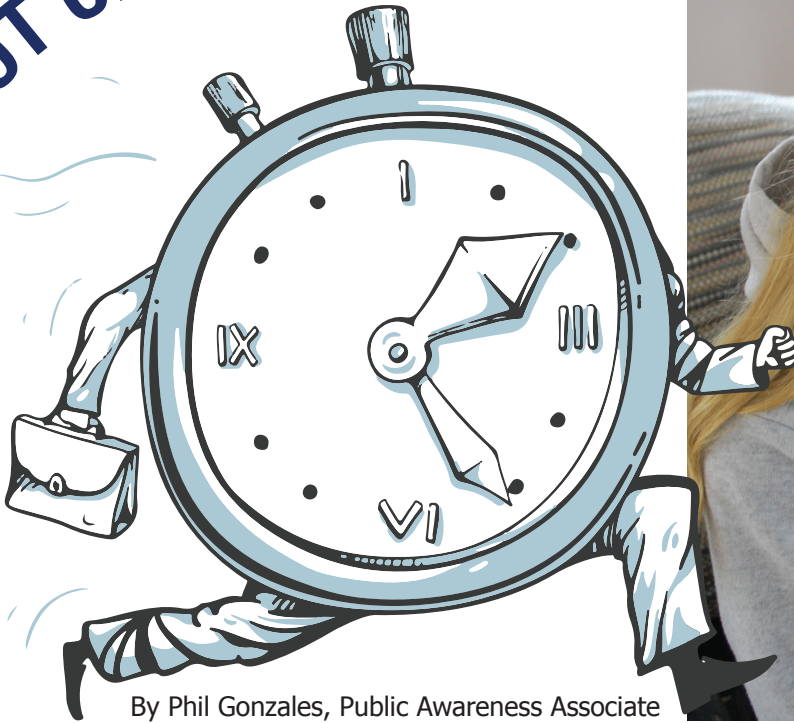


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TIME'S NOT ON MY SIDE



By Phil Gonzales, Public Awareness Associate



The acronym F.A.S.T. reminds us of the three most common symptoms of stroke: F for facial drooping, A for arm weakness and S for slurred speech. But, the final letter, the “T” for “Time”, frequently holds the most importance in stroke recovery.

Time. Time to call 9-1-1; to seek medical attention; to tell someone, anyone, that you need help. But, this is assuming that the stroke is following the usual gradual reveal of its symptoms. This is assuming you have the time to act fast.

Courtney Bevans didn't have the luxury of time. Her stroke hit her suddenly and within five minutes she had lost consciousness. If she hadn't asked for help; if she hadn't gone into work that day; if she hadn't been called in to work at the last minute, she might not be alive today.

“I was actually sixth on the list of people they called in,” she tells me at her house in Becker, Minnesota. Courtney and her boyfriend Alex had only owned their home for a few weeks before Courtney received the call to take on an extra shift. “I'd just worked an eleven day shift, so this would be overtime. And I was thinking about our mortgage and feeling that pit of debt. So I went to work that morning and I felt just fine.”

Courtney's shift as a nurse at St. Cloud Hospital was proceeding as usual; she was caring for her patients in post-op, keeping track of their names and charts. And she suddenly felt like she got hit in the back of the head with a baseball bat.

“I took about ten seconds and I saw a nursing assistant walking past and I asked for a glass of water. I didn't know if I was just feeling woozy and needed a sip of water and a

deep breath. So I sat down and the water didn't help. I ran to the break room and said, ‘Someone watch my patients!’ I started profusely sweating and the back of my head and neck felt as if they were on fire. I tried to lay down and catch my breath. I instantly sat right back up and started dry heaving.”

Later, doctors discovered that Courtney had experienced an intracerebral hemorrhage, or cerebral bleed, with an egg-sized clot forming in her brain. Cerebral bleeds typically develop in older men with a mortality rate of about 44 percent. Symptoms include headaches, vomiting, fever and loss of consciousness. Courtney, a healthy twenty-six year old woman, had experienced all of these symptoms in a matter of minutes.

She was quickly wheeled to the emergency room by her unit educator and her last memory was recognizing her nursing mentor, Jared, as her nurse and knowing she would be in good hands.

“I know HIPAA is a thing,” she says, “and I'm sure some rules were broken that day. It's hard when you see friends of coworkers in the ER. Plus, my name's on the board and my brother was an employee. My dad's a nurse. My cousins are nurses. Pretty much everyone in my family is a nurse for the hospital. We have about a dozen family members there. My grandma was a charge nurse down at Hennepin. Then she went and got her masters degree in her 60s to be a chaplain and work with people in hospice. So now my cousins and aunts and extended family are all nurses. So I've grown up in that. It's normal to be in the healthcare field.”

Courtney was intubated in the ER, put on a ventilator and sent to emergency brain surgery. Following surgery,

she stayed in the ICU for eleven days and remained in the hospital for a month.

“My brother, TJ, did not leave the entire time,” she says. “At the time he worked as a nursing assistant in surgery with me so we had locker rooms down in surgery and he would go and shower there and wouldn’t go home. My boyfriend travels for work and it was hard for him to understand what the long term effects would be for me.”

Courtney gradually revived, but for only a few seconds of consciousness at a time.

“At first everything was foggy. I knew voices and that there were people around me and that made me feel comfortable. I was at St. Cloud and since I work there I knew a lot of the people. I used to work as an intern and Capstone student in the ICU and so when I woke up in the ICU I knew the staff and I trusted them.”

Courtney returned to her home after completing inpatient rehab. But, her life in her new house looked different. Things had changed.

“I had wanted to take up the flooring and repaint the

friends volunteered to be with her in shifts, drive her to appointments and help care for her house. They held a fundraiser and bake sale to help with medical bills. People she had never even met were helping out.

Finally, she felt ready to begin returning to work.

“I started going back to work very slowly for the first couple of weeks,” she says, “four hours at a time and every other day – so getting used to twelve hours and back-to-back days was a big deal.”

In only a year and a half, Courtney had gone from complete immobility to working her old shifts.

“I had to work the job I was hired for or find a different job,” she says. “I had to do extensive testing with neuropsychology and therapies and being monitored by the board of nursing for a year. I just got cleared a couple of weeks ago so I don’t have to be monitored anymore.”

Though she’s back at work, Courtney’s stroke has refocused her life and made her reconsider her plans for the future.

“I don’t feel super close to 100 percent,” she says. “It’s the fatigue. I’d love to be out hiking and active again. I have an

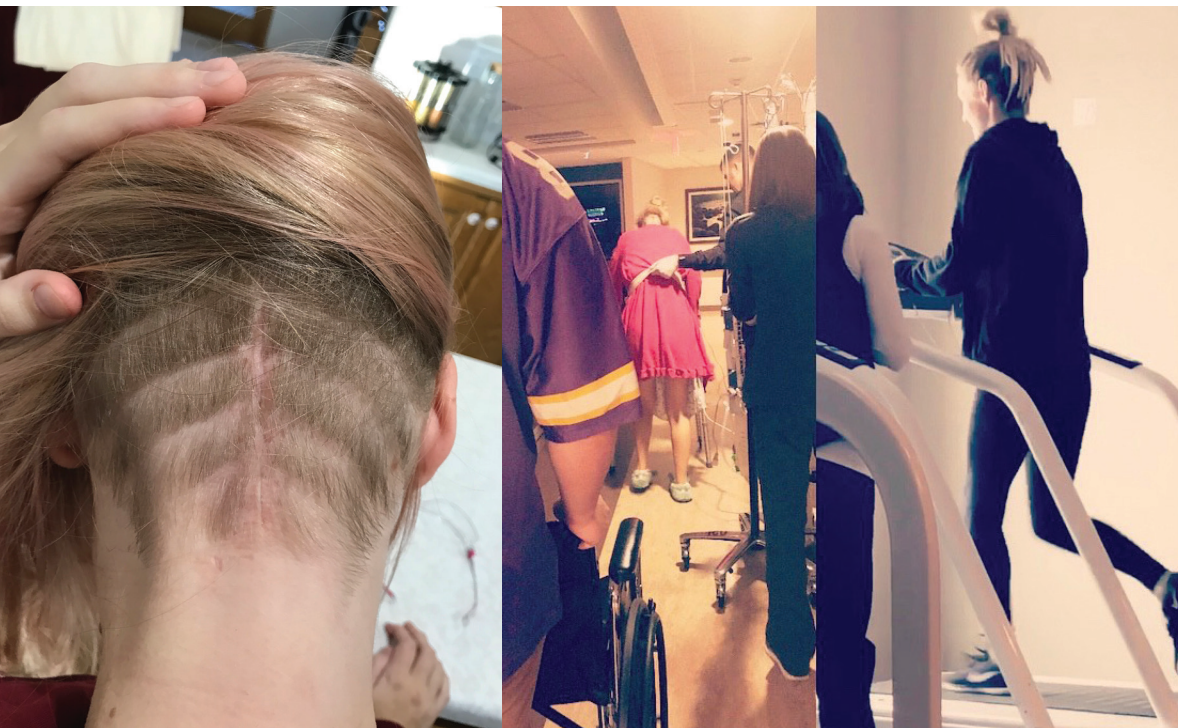
orchard and I really want to learn what to do with that. I’d love to go about my day and never once think, ‘Oh that hurts; I can’t do that.’ And it’s minor in the big picture but those are my goals.”

Courtney has also shared her experience with staff at St. Cloud Hospital in the ICU Neuro Rehab. She was on the field during the first pitch at last year’s Strike Out Stroke event. And in 2019, she was honored at the St. Cloud Strides for Stroke walk.

In addition, Courtney was an honoree at Humor to Fight The Tumor, an event benefiting those with brain tumors, a condition Courtney also lives with.

“I’m happy to share any insight or education to help people learn from it,” she says. “I know it is very rare for a 26 year old to have a stroke and have this recovery. So I’m happy to share my experience.”

“I’m very happy with where I am right now. I’ve learned life is a lot shorter and more fragile than you think it’s going to be and you never have as much time as you want. I know those are all cliché things people say to you, but it happens.”



walls, but now it didn’t seem so important. I just wanted to unpack,” she says, “I needed a walker to get around. I had a urinary catheter. I was still very hunched over – they cut the muscles in my neck so I couldn’t move my head up or down. I had to wear sunglasses 24-7. My muscles had atrophied and I’d lost twenty pounds. I can walk independently now, but I used to enjoy hiking or getting out and walking and that doesn’t sound as appealing.”

In addition to the support she received from her family, Courtney also found a wonderful resource in the medical community. She needed round the clock care, so family

Risky Bu

If you are like me, you find there is too much to worry about in the world that we have no control over: coronavirus, climate change, cancer, politics, mental health crises, getting old, the list goes on. It can be overwhelming.

Working at the Minnesota Stroke Association, however, does give me comfort about one thing. While things like age, sex, ethnicity, and family history do affect your risk of stroke, we know that **eighty percent of strokes are preventable. Eighty percent!** Finally something we can control.

Understanding the risk factors for stroke and why they are important to stroke prevention can help you take positive actions toward reducing those risks. The Centers for Disease Control, the American Stroke Association, and the WebMD Medical Team all outline the various controllable risk factors. Here are some of those risk factors and some things you can do to reduce their chance of causing a stroke

Risk Factor	Why?	What to Do?
High Blood Pressure (HBP)	HBP thickens walls of arteries, which allows cholesterol and other fats to build up on the arterial walls. Pieces can break off and travel to the brain, blocking blood flow. HBP can also weaken arteries, increasing their chance of bursting, causing a stroke.	Medications, exercise, reducing sodium in your diet, and overall healthy eating can reduce HBP. Talk to your doctor.
Smoking	Smoking raises blood pressure and reduces the amount of oxygen in blood. It can increase fats in the blood stream, making plaque buildup more likely. Smoking can make your blood sticky and more likely to clot. It can also thicken and narrow blood vessels and damage their lining.	Nicotine patches, other drugs, and counseling can help you quit smoking. Talk to your doctor.
Alcohol	Too much alcohol can raise your blood pressure and triglycerides and can cause Atrial Fibrillation, which can lead to stroke.	Reduce your drinking to no more than two drinks a day if you are a man and one drink a day if you are a woman.
Diabetes	Uncontrolled diabetes can lead to clots in your blood vessels. This can narrow the blood vessels in your brain and neck and might cut off the blood supply to the brain.	Check your blood sugar regularly, take your medications as prescribed, and consult your doctor.
Physical Inactivity	Lack of exercise can lead to high blood pressure, obesity, diabetes, and high cholesterol, all of which can lead to stroke.	Get at least 30 minutes a day, 5 days a week of moderate-intensity aerobic exercise.
Unhealthy Eating	Trans and saturated fats can clog your arteries, which can lead to stroke. Processed foods loaded with salt can raise your blood pressure, which increases your risk for stroke.	Load up on fresh fruits and vegetables every day. Choose lean proteins and high-fiber foods. Stay away from salt and avoid processed foods. Talk to a nutritionist.
High Cholesterol	Too much cholesterol can clog your arteries and lead to heart attack or stroke.	Diet and exercise can keep your cholesterol under control. Your doctor may prescribe medications.
Atrial Fibrillation (AFib)	AFib makes blood pool in the heart, causing clots. If a clot breaks off and travels to the brain, it can cause a stroke.	Medications, medical procedures, and surgery can get your heart back into normal rhythm. See your doctor.

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HE WILL



YOU

By Phil Gonzales, Public Awareness Associate

Jen and Jake Habert spent the first months of their son, Brayden's, life in a state of shock. A relatively uneventful pregnancy had turned into a delivery that resulted in an emergency cesarean section and Brayden spending 48 hours in the NICU. His APGAR scores, the tests given to determine the health of a newborn, were very low. Then, as Brayden lay in the NICU and his parents attempted to rest after the drama of the previous evening, staff discovered newborn Brayden was having seizures.

"His first night in the hospital," Jen says, "while we were trying to sleep, he was seizing."

An MRI revealed Brayden to have had a stroke in the right hemisphere of his brain. It was, strangely, a clot and not the more common bleed. Although there were several complications in the delivery, to this day doctors cannot agree on whether Brayden's stroke began in utero or after delivery.

"We've come to accept that we'll never know," Jake says.

Brayden was on seizure meds for 30 days, and then weaned off for the next two months. He hasn't had any obvious seizure activity since then, although Jake and Jen still keep their eyes open for any sign of their return.

But, the absence of seizures did little to assuage the new parents' fears. A new baby was overwhelming enough; a baby with a stroke, the ramifications of which had yet to fully manifest, was something they hadn't prepared for at all.

"It was scary," Jen says. "I remember coming home from the NICU with him with Social Security disability paperwork and, wow, I never imagined bringing this home with my baby. Is he ever going to walk? Is he going to talk? Is he going to be cognitive? Will he have mental problems? And our doctor at Gillette Children's was great. She said, 'He will absolutely walk. He will talk. He will amaze you!' It was hard to imagine. But as he hit the time for each milestone, she was like, 'Don't read the books! He'll go on his own time.'"

Brayden never learned to crawl, but he scooted across the floor with one arm. He did OT, PT, and speech therapies and, though he had to work harder than many children at basic tasks, he managed to find his way around problems and navigate the world independently.

As a baby, Jen and Jake swaddled his functioning arm, known as constraint therapy, so he'd be forced to use his affected arm. The school district reached out and started coming to their house with an early intervention team. Brayden had a teacher, occupational, physical and speech therapies right in his house. He continued through his therapies up until Kindergarten.

When Brayden's doctors told Jake and Jen that he would amaze them, they interpreted as meaning that his progress would surprise them. They hadn't anticipated how amazing their boy would be.

"Getting him involved in sports has been huge," Jen says.

Brayden doesn't have much use of his left arm and hand and his left leg requires a brace to keep from turning in, but Brayden's talent on the basketball court amazes everyone.

"At open gym there are 14 and 15 year old kids trying halfcourt shots and nobody made one," Jake says. "And Brayden made two. He made one and the dad of his basketball buddy said, 'Did you get that on tape? Dude, that was super cool.' And I was like, 'No, well I'll try to get one on tape,' thinking to myself, 'He's not going to get another one.' Sure enough, he did!"

"He has the best shot on his team," Jen says. "The dribbling and blocking and guarding is hard for him, but he never gives up. And he puts up a good fight."



Brayden began on a Miracle League baseball team coached by his father. The Miracle League exists to give players with physical or cognitive disabilities an opportunity to experience team sports. But, Brayden's competitive side grew tired of the Miracle League's system of not declaring a winner. Brayden wanted to win.

So, they moved him to a Special Olympics basketball team. But, at eight years old, Brayden was the smallest member of the team and found himself playing against and with people in their forties standing over six feet tall.

Finally, his parents decided that Brayden was a strong enough athlete to play on the Rosemount Area Athletic Association's In-House basketball program. And, this has changed everything.

"One of the moms said the kids on the team learn more through the experience of being Brayden's teammate, seeing what he does, than just playing the game," says Jen.

"And, he's really good at basketball!" adds Jake.



Jake has coached Brayden's teams since he started playing. He also teaches Brayden, and Brayden's little brother Caleb, how to golf.

Brayden's basketball playing has caught the attention of local news, with his playing being featured in a KARE 11 story about proposed federal cuts to the Special Olympics.

Today, Brayden is working on finishing up fifth grade and preparing for the transition to junior high. Jake and Jen are optimistic but worried. Although Brayden is very independent, he still struggles with reading and comprehension. He needs help with certain tasks, like buttoning his clothes. And, while there are always kids in

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his classes who are willing to help him with these things, junior high can be a very different world. Things move faster and kids can be more judgemental.

"He's a shy kid but he makes friends easily," Jake says. "All of his teachers in every grade have said he's super kind, really well liked."

"And, he never eats alone at school," Jen adds.

Brayden got his first bike last spring, a trike that has been adapted to be operated with one hand. Now he can ride bikes with the neighborhood kids, developing an even greater sense of freedom.

He also enjoys having friends over to play video games, teaching himself to use an Xbox controller one-handed and dominating his father in sports games.

Brayden has some sensory issues, he startles at loud noises. He struggles with conceptual thinking and seeing "the big picture."

"But kids gravitate to him," Jake says, "because he's kind and has a big heart."

He's also on the school bus patrol.

"If we see a kid doing something we shouldn't be seeing, we tell them to stop," he says. "Like don't stand up when the bus is moving. They listen sometimes."

Looking back, Jake and Jen can see some things they may have done differently.

"We probably should have sought some type of therapy for us," Jake says. "Between my job and her job, his appointments, OT and PT, we should have had therapy for us as a couple and as parents. Just some professional help."

"We were first time parents and thrown into this new world," Jen says. "I think we focused so much on what he couldn't do and trying to get him to do what everyone else can do and now I feel like we're at a point where it's about acceptance."

"As weird as it sounds, I wish I wouldn't have helped him so much," Jake adds. "Instead of focusing on inefficiencies take what you're good at and maximize it. Take what you excel at and make them even better. That's an angle we should have taken back then."

Brayden is quiet and a little shy, but he loves to run and play, to compete and challenge himself. And the words of his doctor are as true today as they were the day he was born: he will amaze you.





Virtual Walk

By Jarett Klein, Events Coordinator

As I'm sure you are aware, things are going on in our world that are affecting the way we're all living and interacting. One of the things that's being affected is this year's Strides for Stroke.

Strides for Stroke is still happening, but it's going to look a little different. Since we're not going to all be able to get together in one location, we're changing the entire thing to a virtual Strides for Stroke.

Now, you may be wondering, "Strides for Stroke is a walk. What is a virtual walk?"

Well, at 10 a.m. on May 16, we want you to take a walk in whatever way is most convenient and safe for you and your loved ones – so, take a walk around your house, around your neighborhood, your yard, or a park. And we want you to take pictures, shoot videos, record your experience and share it with us. Stay up to date with details at strokemn.org!

All of the generous donations that you all give every year can still be made at strokemn.org or mailed to our office. If you're unable to give this year, we completely understand. What we want is your presence and participation.

Believe it or not, there are a couple of bright sides to all of this. First of all, we're not limited by location this year. This can be a great opportunity to get your neighbors and friends involved, when perhaps they haven't been in the past. Perhaps someone could never make it before because they live too far away, or work weekends; now they can join by simply going for a walk in their own neighborhood as a member of your team.

Speaking of neighbors, contact your neighbors and let them know what you're doing; maybe they can come out and safely cheer you on or hold their own walk. Maybe your whole street can decorate the driveways or yards with Strides for Stroke messages. I bet that you'll find a

few new people who have been affected by stroke that you weren't aware of – maybe they can join your team next year.

Although most Minnesotans are having to stop what they're doing, we all know that stroke doesn't stop. And the Minnesota Stroke Association doesn't stop either. You're a part of our stroke community – our stroke family – and we care about you and want to remain here for you.

***Join the Virtual Strides for Stroke
on May 16 at 10 a.m.***

***For more information, visit strokemn.org
or give us a call at 763-553-0088.***





JOIN US FOR A VIRTUAL **STRIDES FOR STROKE** SATURDAY, MAY 16, 2020 10 A.M.

Stroke has affected 97,000 Minnesotans from the prenatal to the elderly. It's just a number unless it's personal – your parent, spouse, child or YOU! The Strides for Stroke Walk serves to honor these Minnesotans while funding vital stroke services.

Strides for Stroke is still happening, this year as a virtual Strides for Stroke! At 10 a.m. on May 16, we want you to take a walk in whatever way is most convenient and safe for you and your loved ones – so, take a walk around your house, around your neighborhood, your yard, or a park. And we want you to take pictures, shoot videos, and record your experience. We'll then ask everyone to share their pictures and videos with us and everyone else!

STAY CONNECTED AT STROKEMN.ORG



One out of two people living with a brain injury suffers from some form of substance abuse issue, according to the Office on Disability.

763.479.3555
VinlandCenter.org



Residential and Outpatient Substance Use Treatment

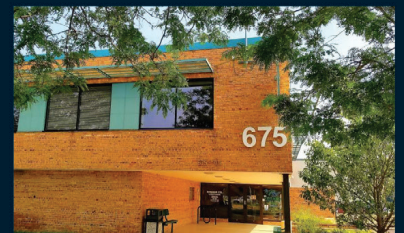
for adults with TBI, cognitive deficits or multiple disabilities

- We make all possible accommodations for cognitive deficits and individual learning styles, as there are many causes of brain injury and each injury is unique.
- Our staff members are highly trained to work with those living with disabilities caused by brain injuries; most have earned a **Certified Brain Injury Specialist (CBIS)** certification.

Two locations in Hennepin County, Minnesota



Our residential facility is on 180 acres, just 20 miles west of the Twin Cities on Lake Independence.



Outpatient Services is on Stinson Boulevard in northeast Minneapolis. Rule 25 Assessments are offered at this location.



UPCOMING EVENTS



STRIDES FOR STROKE

SATURDAY, MAY 16, 2020 • 10 A.M.

VIRTUAL WALK

LEARN MORE AT STROKEMN.ORG



Consumer & Family Conference

"Journey to Wellness: Body. Balance. Being."

June 6 and October 17, 2020

New Life Presbyterian Church, Roseville, MN

WALK FOR THOUGHT

Saturday, September 19, 2020
Saint Cloud • Twin Cities

Saturday, September 26, 2020
Duluth



Minnesota Statewide Stroke Conference

Thursday, November 12, 2020
Earle Brown Heritage Center • Brooklyn Center