

A Singer Finds Her Voice After a Stroke

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PREVENTION & TREATMENT Learn how a range of therapies help stroke survivors live independently, return to work and — in the case of one performer — get back to doing what they love.



Robyn Moore
CEO, National Stroke Association



JUST SMILE: After experiencing a stroke, Valerie Giglio lost the ability to do the one thing she loved above all else: singing. Through her love of music, she found a new mantra and drive to persevere.

A year after losing her singing voice to a stroke, Boston singer Valerie Giglio sat on the stage during a music showcase and sang Charlie Chaplin's "Smile."

"That song has so much meaning to me because no matter how bad it gets, you have to keep smiling and push your way through it," said Giglio.

Swift disaster and slow recovery

Giglio, 42, experienced a brain stem stroke in 2014 after she turned her head to shut off her alarm clock and tore both vertebral arteries in her neck. Clots formed which went to her brain and caused a stroke. "I lost my singing voice in a flash and had to learn to walk again and use my arm again," said Giglio, who did therapy at Spaulding Rehabilitation Hospital in Boston followed by months of outpatient therapy. Extreme fatigue and dizziness became major setbacks. "I could only do a couple of things a day, even after I was significantly recovered," she said. "It's a lifelong process, but the bulk of my recovery happened in the first year."

Intensive care goals

“In most cases, therapy starts within 24 hours of a stroke survivor being admitted to the hospital,” said Angie Reimer, a Fort Wayne, Indiana occupational therapist. “Typically after a stroke, physical, occupational and speech therapies are ordered,” said Reimer. “Therapists will make a recommendation on whether the patient needs to go to a rehab center or can go home.” If the patient is sent to a rehab center, they’ll have therapy three hours a day with different therapists who specialize in each level of care. “The main focus at the acute rehab level is getting people moving better — getting them to walk a little bit so they’re mobile,” said Reimer. “The other big focus is getting them to where they can get dressed, get in a shower and feed themselves. It’s those basic things they need to do in order to go home.”

An ongoing process

Once a patient leaves a rehab center, they may do outpatient therapy in a clinic two or three days a week. “Now the focus is on getting back to normal life,” said Reimer. “The long-term goal is living independently and returning to the things that are really important to them.” For Giglio that means singing. “I’ve had a lot wonderful experiences after stroke and want to discover more,” she said. “Now I’m doing everything because tomorrow is never promised.”

Technology Restores Function to Arms and Hands Paralyzed by Stroke



Paul R. Gudonis, Chairman and CEO, Myomo, Inc.

Two thirds of all stroke victims recover, but half of those are left with serious impairment. Often, this means an arm and hand that are severely weakened. Even after extensive therapy, many are told they’ll never be able to use their arm and hand again.

Now, technology originally developed at MIT with Harvard Medical School, is helping hundreds of patients. The [MyoPro](#)® powered brace by [Myomo](#)® is the only lightweight wearable device that may help restore function to the weakened or paralyzed arms of patients suffering from stroke or other neuromuscular disease or injury. Sensors in the brace read the user’s intention to move, and tiny motors in the brace can restore an individual’s ability to perform activities of daily living, including feeding themselves, carrying objects and doing household tasks. Many are able to return to work, live independently and reduce their cost of care.

MyoPro is recommended by physicians and therapists at Massachusetts General Hospital, Cleveland Clinic, Mayo Clinic, Loma Linda University Hospital and dozens of other top institutions cross the country, including U.S. Veterans Administration Medical Centers.



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