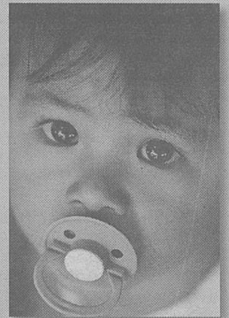


BODY & SOUL

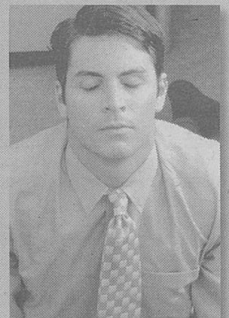
INSIDE



HOTLINE

Does sucking a thumb or pacifier result in long-term harm to a child's teeth — or psyche?

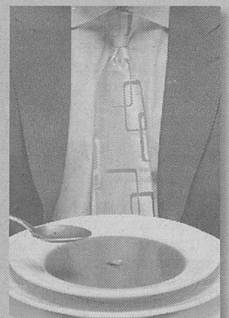
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WORKPLACE

A few simple adjustments will ensure a comfortable office work station

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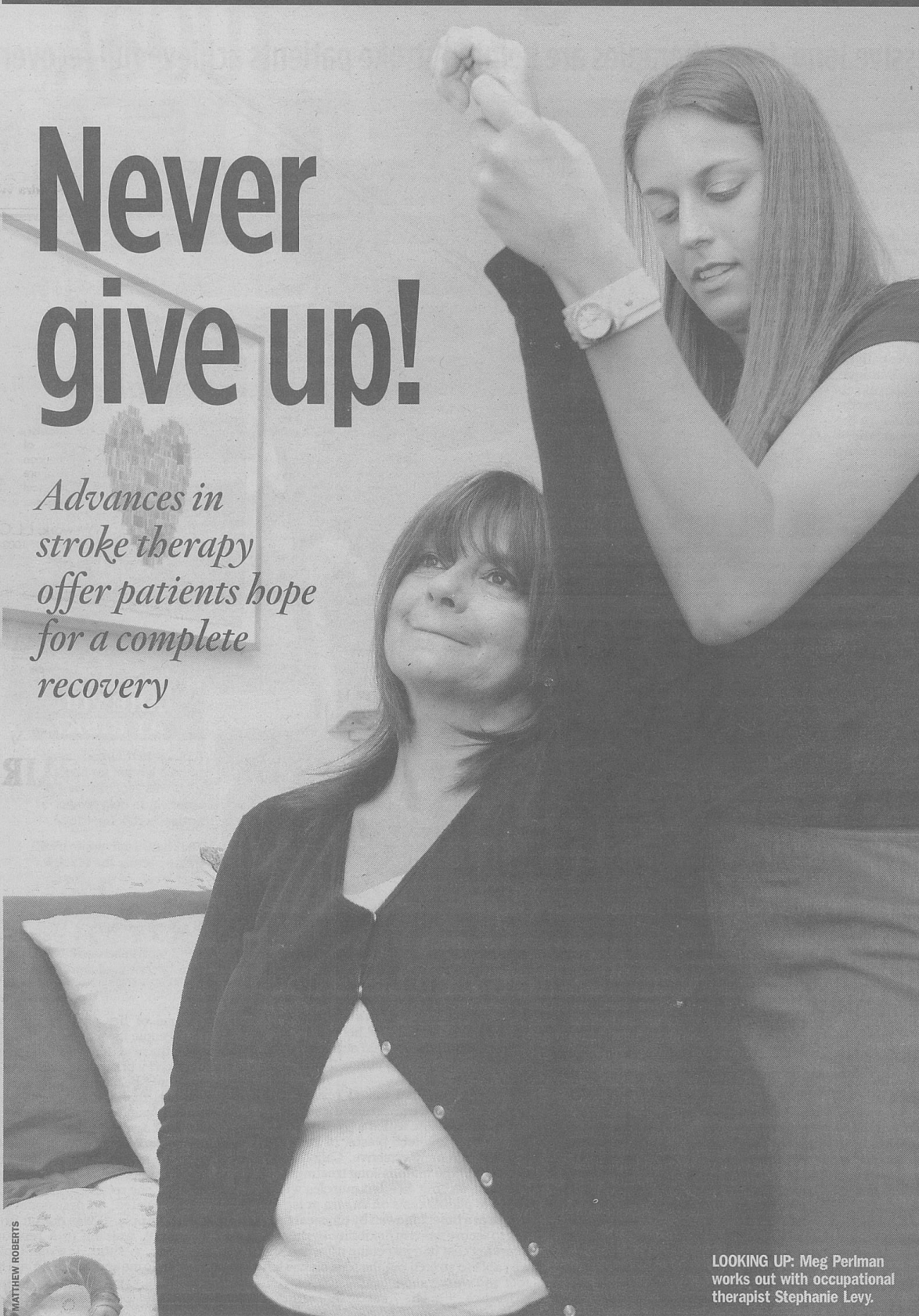
HOME

With careful planning and follow-up, you can outwit household pests.

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Never give up!

Advances in stroke therapy offer patients hope for a complete recovery



LOOKING UP: Meg Perlman works out with occupational therapist Stephanie Levy.

MATTHEW ROBERTS

Retraining the brain

New and aggressive long-term therapies are helping stroke patients achieve full recovery

BY STEVE DITLEA

The other evening, Manhattan art curator Meg Perlman attended a jazz concert at Lincoln Center and, when the performance was over, applauded. It was the first time she had clapped her hands together in 19 months.

It was another small triumph in her major recovery from a stroke that had paralyzed her left side. Earlier that day, during a therapy session at home, she was able to wear a shoe on her left foot for the first time since the injury to her brain. "I expect to be 100% back," she says. "I won't stop until I am."

Though doctors caution stroke patients in rehabilitation that every case is unique, Perlman's ongoing improvement reflects hopeful developments in treatment for the devastating effects of a blood clot to the brain. Her progress continues past the 6- to 12-month mark that health insurers and outdated medical wisdom have considered a limit to the usefulness of physical and occupational therapy after a stroke.

Her most recent personal feats were accomplished with the help of novel therapies, including an unconventional use of Botox and a variation on old-fashioned casts. Supported by an able team of physicians, therapists and family, she is demonstrating that aggressive long-term therapy can increase the likelihood of full recovery after a stroke.

Stroke is the leading cause of severe disability in the United States. About 700,000 Americans will experience a new or recurrent stroke this year. There are now some 5.4 million stroke survivors in the U.S., and nearly one in three has permanent disabilities.

Physically fit and intellectually active, Perlman was stricken at age 53, and thus was considered a prime candidate for recovery. She has also benefited from greater awareness by doctors of the human body's restorative mechanisms.

CHANGE IS POSSIBLE

"When I went to medical school, the prevailing view was that you lose nerve cells and that's it, you're not going to get better," explains Dr. Steven Flanagan, associate professor of rehabilitation medicine at Mount Sinai School of Medicine, and the neurophysiatrist (nervous system rehabilitation specialist) treating Perlman. "We know now that's not true. The brain is plastic. It can remodel itself."

Perlman has come a long way since her stroke in August 2003, which occurred while vacationing in the South of France. When she awoke one morning, she was semi-paralyzed and confused. Her husband, author and journalist Doug Garr, immediately understood what had happened. "Her left side was immobile. The left side of her face was frozen," he recalls. "I recognized it as a stroke because I had seen my father have a stroke two weeks before he died."

Perlman spent two weeks in intensive care at one of France's leading teaching hospitals, then was transferred to New York for another six weeks as a patient in Mount Sinai's Brain Injury Rehabilitation unit. There, days filled with physical and



STEPPING OUT Perlman goes for her daily walk with friend and occupational therapist Jason Jackson.

occupational therapy helped her reprogram her nervous system to regain control over posture and movement on her left side, and to relearn vital everyday tasks.

INSURANCE COVERAGE

Health insurance covered a few more months of outpatient therapy, leaving much of further rehab costs to be paid out-of-pocket.

Insurance has continued to pay for several leading-edge therapies. Injecting botulinum toxin to treat muscles racked with uncontrolled flexion after a stroke is an "off-label," non-FDA-recognized use of Botox, better known for cosmetic enhancement. "The clenched fingers, the leg extended out that people associate with posture after a stroke, can be effectively treated with Botox and other therapies," explains Dr. Winona Tse, assistant professor of neurology in Mount Sinai's Department of Rehabilitation Medicine.

Botox injections immobilize key muscles

in stricken arms or legs, allowing physical therapy and exercise to extend range of motion and flexibility. Effects wear off, so the Botox is reinjected every three months for a year or more. In Perlman's case, it was the second dose that allowed her left hand to flex out enough to applaud at a concert, after successful attempts during therapy sessions at home.

Perlman has had mixed results with acupuncture and with an electrical muscle stimulation device called a "NeuroMove." Then again, low-tech plaster of Paris has proven extremely effective. Called "serial casting," the months-long treatment involves stretching affected muscles with a series of plaster casts on an arm or leg for weeks at a time, followed by physical therapy to secure gains in flexibility. Perlman's latest leg cast had just come off when she was able to stretch out the toes on her left foot and wear a shoe.

Despite such successes, Jason

ARE YOU AT RISK?

A blood test already used to help screen for heart problems recently won U.S. approval to help predict a patient's risk for stroke.

The PLAC test, made by diaDexus, scans the blood for high levels of the protein Lp-PLA2 — which studies found were more common in stroke patients.

The test will be available through national laboratories.

Jackson, one of her physical therapists, cautions: "People have to be careful about looking for the next thing in stroke rehabilitation. It won't work unless you have a motivated patient," he adds.

Perlman is thankful for her "wonderful personal team," including the friends and clients who rallied to her side after she was stricken. "When I was in Mount Sinai, I didn't spend a day when I didn't have somebody visiting me, trying to make me comfortable," she recalls.

Also appreciated: an occasional boost from the Big Apple. "I was out on Broadway one night, walking to a restaurant with my cane. A short, Russian-looking man came up to me and said, 'Did you have a stroke?' I said, 'Yes.' He jumped up in the air and said: 'So did I and look at me!'"