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Having Limited Movement: A Personal Account of Physical Disability

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Abstract

The author presents his personal experience with physical disability. For several years there was no accurate diagnosis. Even after the problem was diagnosed the medical treatment was typically limited to the main symptoms and did not involve the whole person or secondary problems such as new physical injury or pain as a result of adjusting to pain and limited movement. Recently, problems with cardiac arteries have been discovered, but - due to physical disability - the author is unable to do the walking that his cardiologist encourages.

Keywords: physical disability, limited movement, pain

What if you could no longer move as much as you used to? There is an old saying: You don't miss your water 'til your well runs dry. We take for granted that we can move around with ease, that we can walk, run, etc. However, for me, this is no longer so true. It has resulted in life-style changes that I have to cope with. It has resulted in dealing, at times, with much physical pain. And, of course, one needs to avoid the psychological pain, such as depression, that can result. Also, I have good insights about how the medical profession only deals with your symptom, and not with you as a whole person. In some ways, they make things worse, as well as helping you (Herman, 1992; Jennings, 2001; Travers, 2000).

Cannot Exercise

A few years ago, I found that whenever I did any kind of exercise, I would feel pain. It got so bad that I gave up all exercise. I never really liked exercise anyway, except for that which was part of a sport. But, I loved sports and enjoyed the exercise that came as part of a game. I was on the baseball team in high school, and the tennis team at Oglethorpe University, in Atlanta, Georgia. In the latter sport, I would crash into fences to make shots, and generally hustled more than most. That is why Oglethorpe University gave me a trophy as "Player Who Gave the Best Effort."

However, a few years ago, after playing what turned out to be my last tennis game, I was unable, for a long time, to get out of my car when I arrived home. My back hurt so bad I could not move. I thought, "How am I going to be able to get out of my car?" After what seemed like a long time, I was able to get out and collapse onto my bed.

I went to a doctor who put heat packs on my back. This helped, for the time being. He also did something weird. As a joke, he put his hand on my genital area (I had my pants on), and he laughed and said, "Does it hurt there?" I think he knew it did not, and even if it did, there was no reason for him to touch me. But, since I was in so much pain from my back, I did not have the energy to object. Also, when we are surprised by someone doing something so out of the ordinary, we often do not know how to respond. So, I laughed lightly and said "No," meaning it did not hurt there.

Finally Diagnosed

For years I did not know what was wrong with me, but would have - from time to time - great pain in my back and legs. Finally, after many medical diagnostic procedures had failed to give an answer, a neurosurgeon diagnosed me as having lumbar spinal stenosis. "Lumbar" refers to "the lower back," and "stenosis" means "wearing away." The protective areas around my spine are wearing away, leading to all kinds of bad results, such as back and leg pain.

He incorrectly informed me that it was a progressive disease and that the only proper treatment was an operation. Funny how surgeons seem always to want to operate. I later learned, via a health newsletter from the Mayo Clinic, that follow up research has shown that 70% of people with spinal stenosis remain the same, 15% improve, and only 15% get worse ("Spinal Stenosis," 2001).

The neurosurgeon had me take a lumbar MRI after I said I did not want a back operation. I have heard bad things about back operations. The general opinion of people I have talked to is that they often do not work, and you may come out worse than you were before the operation. This is not the opinion of doctors, but just people I have known.

Anyway, the lumbar MRI did not, apparently, come out as bad as the neurosurgeon suspected, and he told me, via a nurse, that I could keep taking the Celebrex (a Cox-2 inhibitor, used for pain, especially for arthritis) he had prescribed. Celebrex seemed to help a lot with the pain. But, at times, things would be so painful that I wished I was back home, sitting or lying down.

Limited Movement in Everyday Life

For example, shopping is not easy for me. Even if I am not in pain when I start out, my legs may hurt just from walking from the parking lot to the store. Once I walk around in the store, it is quite possible that both my legs and back will be in extreme pain. I put up with it, trying to do as little shopping as possible at one time, because shopping for groceries and similar things is a crucial part of life.

There is no way I am ever going to walk when I do not have to. Movement hurts! So, I never walk to my college library or cafeteria. A colleague here tried to get me to do more walking, for health purposes. I tried to follow his advice. But, while walking may have healthy functions, it also causes great pain in me. Any movement, even getting out of bed in the morning, can be painful. Once, I almost had a heat stroke from doing some walking on campus. Now, I try to drive to where I need to go. Fortunately, a colleague suggested I get a handicapped parking sticker, so I could find parking places on campus. Without one, with just the normal parking sticker, you often cannot find a space, and have to park far away from where you want to go.

It is interesting that I did not identify with being "handicapped" or "disabled," so I did not think to apply for the sticker. In some ways it is very good that I do not typically have these identifications. Sometimes, people perform in accordance with what they think about themselves, so it leads to more successful behavior. In other ways, it is sometimes desirable to appreciate one's limitations, and not facing a disability can result in further pain and problems.

However, when I tried to get a report written by the neurosurgeon (who is in another state), to justify getting a Texas handicapped license plate, he never responded to my request. I guess there was no money for him in writing up a report, so he did not bother. Nor would his nurse send the photos of my x-rays that my local doctor wanted, to write up the report to justify my getting the handicapped license plate. Finally, my local doctor agreed to do it just from reading a report I had of my lumbar MRI. Thank goodness.

Psychological Adjustment

My psychological adjustment to my not being able to move without pain is mixed. On the one hand, I know I have lost a lot. Things I took for granted no longer exist for me. And, ironically, I have always thought of myself as one who especially hates pain and as one who really enjoys pleasure. More so than most people. And, now, I have lots of pain to endure. I see no cause and effect here, just the irony of having to endure pain now.

Fortunately, if I have to do something, usually I can. At worst, the price will be great pain. I have to decide which is more desirable, doing what I would like to do, or avoiding the pain. But, this rules out lots of things. I cannot go with colleagues or friends any place where there would be much walking.

On the other hand, I have handled it surprisingly well. I do not dwell on my newly imposed limitations. I do not say "Why me, Lord?" or curse my bad fortune. I do not think of myself as a disabled person, except when I reflect on it. Mostly, I think of myself as a psychology professor, or a dad to two great, adult kids in another state, etc.

Being a clinical psychologist, I have good insights into how not to take a bad situation and make it worse. Although I am eclectic, I am a follower of Albert Ellis' Rational-Emotive Behavior Therapy approach, wherein irrational thinking is challenged and you substitute more rational thinking (Ellis, 2001). This is not rationalization. I do not say to myself that it is all right that I have a disability. But, I do know not to dwell on things I cannot change, and to focus on how to make the best of what I can do.

Clogged Cardiac Arteries

Recently, I have discovered that I have 3 or possibly 4 cardiac arteries that have 80-90% blockage. My cardiologist wants me to have cardiac bypass surgery, which is major surgery. I wonder if it is necessary, especially because (1) I have had no symptoms that I am aware of, only some bad test scores, and (2) my heart is operating fine. It is only the arteries that show problems.

My cardiologist wants me to exercise and loose weight if I am not going to have the operation. However, I cannot do any exercise that I have thus far attempted. All result in great physical pain. Just standing for any length of time, or walking a half a block results in physical pain. All this is due to my lumbar spinal stenosis. My cardiologist knows this, and told me it would be difficult for me to do the desired exercise. Yet, on his report, he wrote that I should walk 40 minutes a day. Who is he kidding? Perhaps he put this in for legal reasons: If I do not do it, and then have a heart attack, he has covered his ass, by writing that I should have.

I am currently seeking a second opinion, and hoping that I do not have to have the cardiac bypass open heart surgery.

Conclusion

It is possible to deal with limited movement in one's life, caused by physical disability. It is possible to deal with the associated pain. One does what one has to do. Or, one can make it worse by dwelling on how bad things are, and how unfair it all is, etc. But, that kind of thinking is to be avoided, as it only makes a bad situation worse.

Medical doctors need to see that they are treating an entire person, and not just focus on the symptom. What about the effects of the symptoms, causing the person to have to change their life style? They do not seem to see that as part of their job. What about things that may happen secondarily, such as getting more pain because you now stand or move in a strange way? Doctors do not seem too much involved with secondary symptoms. They focus on the main symptom.

I, for example, often lean to my left, because I have so much pain in the front of my right thigh. No doctor seems to want to treat that. But, there are secondary symptoms that follow from the primary symptom(s). Doctors need to have a new outlook for how to treat patients, and not just focus only on the primary symptom. Medical educators need to know this, and correct what they are teaching. Otherwise, doctors will continue to help us some, but also to miss a lot.

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