Book 1

My rehabilitation

I heartily thank for their corrections and wise comments the persons who proofread the books in English or in French of the OYR! guide, or read them before their online disposal. They include Malika and Ambroise, François-Régis, Vicki, Adrien, Claude, Alexander and Pierre.

Some medical and paramedical professionals of whom I was a patient have read the sections of the guide to which their skills apply. The aim of their reading was first to point out my mistakes, then to help me correct them. Since I seek to avoid medical or paramedical speech, they picked up very few things.
These professionals include my physician in the rehabilitation center, my psychiatrist, my second speech therapist and my general physical therapist with a private practice.

To all professionals of the French public health sector, without whom I would no longer be, and without the operations and treatments of whom I could not have rehabilitated.

To my family.

To each person to whom I owe my rehabilitation.

"Optimize your rehabilitation !" guide

Executive summary

This set of 2 "mini-books" is a guide intended to provide inspiration, motivation, and practice ideas to a person who suffered a debilitating accident and has to rehabilitate.

The departure point of the guide is my own accident, which put me in a prolonged coma and severely damaged many of my physical and mental functions. The accident made me lose my ability to move, speak in a comprehensible manner, use my arms, and even think.
However, if my body was broken, my spirit was not.

Physicians and therapists did not expect me to walk or speak correctly again. The physician I had in the rehabilitation center told me : "You will not do anymore what you used to do". As a matter of fact, I was a very visible handicapped person.
I refused to be "life-handicapped" and rehabilitated intensely for 5 years. Though I had no formal guide, I optimized my rehabilitation and completely "regained" myself.
I am now an **undetectable handicapped person**.
Therefore, my rehabilitation was a "success". Moreover, had I from the onset had access to techniques laid out in this guide, I would have carried it out with less difficulty and much more quickly.

Accidents in life happen. Severe accidents can even cause a breakage in one's life.
However, that need not be the case.
This guide brings elements to victims who want to make the best recovery possible in the most optimized way, so that it **not** be the case.
It may also be useful to professionals working with people who are rehabilitating.

The two volumes of the guide are written for YOUR REHABILITATION :

Book 1 is the story of my rehabilitation : the medical consequences of the accident that caused it, and my challenging and motivational course through the personal development phases that had to be traversed to optimize my rehabilitation.
This "case study" intends to provide you with inspiration and practice examples for your own rehabilitation course.

Book 2 is a basis for your rehabilitation : supply of a framework for your rehabilitation journey, and exposure of my specific rehabilitations; they can lead you to rehabilitate more efficiently than I did.
This "rehabilitation manual" intends to help you figure your situation and focus on your rehabilitation, and to give you means that may be useful to you.
It will probably strengthen your motivation to rehabilitate, and help you do so.

Bon, and successful, voyage !

Preliminary comments

BOOK DESCRIPTION

This book is intended for you.

It is not at all a kind of "rehabilitation testimonial" in which an author would complain about her accident, intend the reader to feel sorry for its medical consequences, and say how much she has suffered and how miserable she was.

It is an example of the conduct of a general rehabilitation, made up of several specific rehabilitations. It is intended to be useful for the rehabilitation of the person who reads it.

Its messages are :

- others may be a crucial help for rehabilitation
- never surrender
- never despair
- try everything
- the fabulous reward of the optimization of your rehabilitation far overwhelms its toughness

HANDICAPPED PERSON : « LIFE HANDICAPPED » PERSON

I do not use this term in a descriptive sense only.

For instance, a company which uses for its human resources the term « handicapped person » does not employ handicapped persons (even though these are labeled as such, or "disabled" for political correctness), because it has no interest to do so.

It employs people who possess professional skills, and is careful their mental and physical state has no negative consequence on the quality of their job.
For instance, an employee who negotiates partnership contracts with other firms is not a handicapped person, but an employee with high expertise.
If she is in a wheelchair, well, she is walking-impaired. This physical state has no negative impact on her deliverable professional skills, if the companies she works with are equipped for persons like her.

I use this term in its broadest sense : « A LIFE-HANDICAPPED PERSON ».

I refused to be one, to confront during all my life multiple problems stemming from my handicaps.
After my accident, I was a severely life-handicapped person.
For a company, I was not employable, for I could not exert my professional skills.

EVERYTHING IN THIS BOOK IS TRUE

Not only true, but also EXACTLY true.
The reason for this is simple : as a reader, I would not like to have doubts about a resource I use for my rehabilitation.

I lived everything this book contains. Each event I refer to happened, unfolded exactly as I describe it, and is neutrally told.
I state conservatively any number about which I am not absolutely certain.

Guide structure

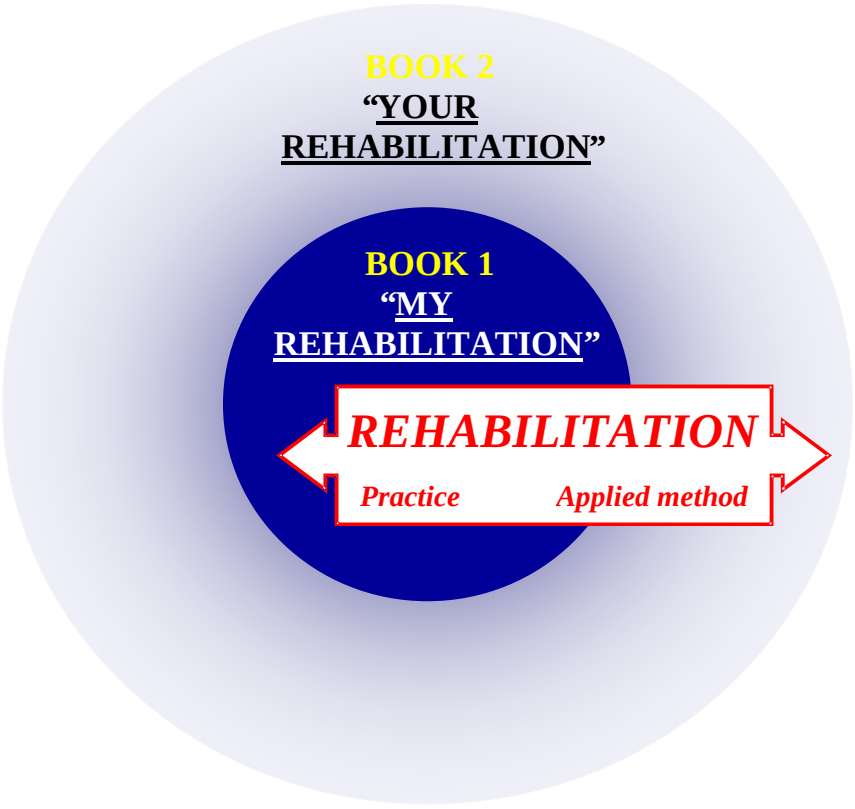
THIS BOOK IS THE FIRST OF A "HOW TO" GUIDE TO REHABILITATION THAT COMPRISES 2 BOOKS :

- **Book 1, My rehabilitation**, is a practice book which demonstrates the power of psychology on rehabilitation and exposes a rehabilitation practice.
- **Book 2, Your rehabilitation,** is a rehab self-help book, which contains :
    - a rehabilitation method
    - applications of this method

Six elements summarize the guide : **YOUR LIFE** / Your rehabilitation case / Your will / Your ability to act, to do / Your psychological energy / Your refusal of a plan B.

THE 2 BOOKS OF THE GUIDE COMPLETE THEMSELVES IN 2 WAYS :

First way :



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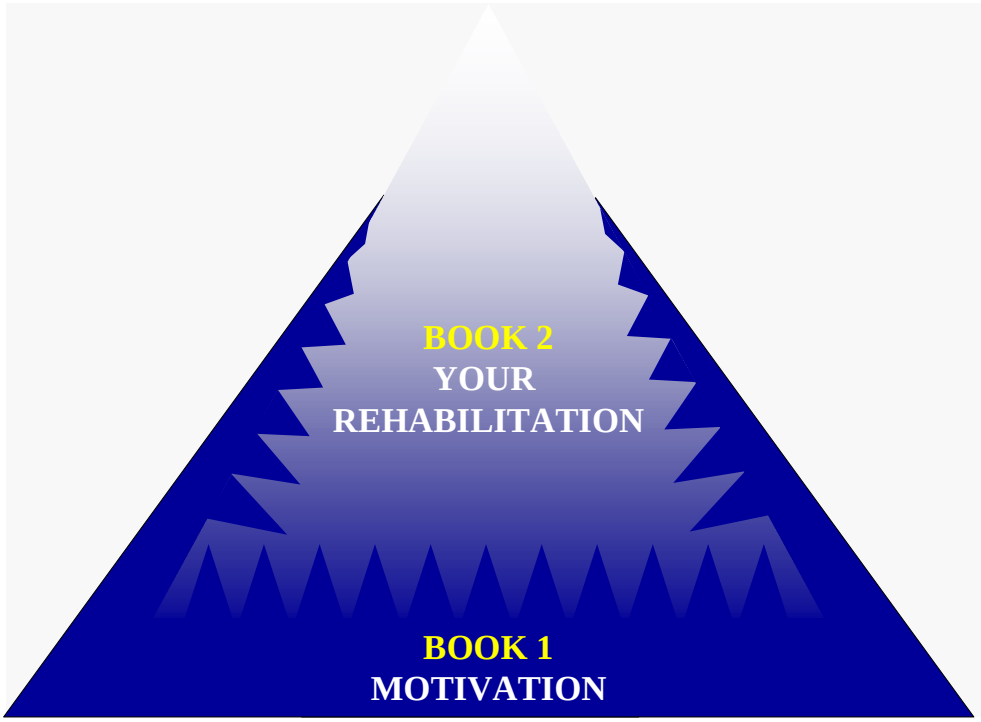


<u>THE 2 BOOKS OF THE GUIDE ARE MADE OF 3 PARTS</u> :

- Book 1, <u>My rehabilitation</u> : **1. Personal example**
- Book 2, <u>Your rehabilitation</u> : **2. Method**; **3. Illustration of the method by each of my 4 specific rehabilitations**

The "method" is adapted to <u>any</u> person who wants to rehabilitate, except very specific cases.

On the other hand, each "illustration" is adapted to <u>no</u> person who wants to rehabilitate, except very specific cases.

Paramedical therapists will rehabilitate you according to your rehabilitation case(s).
I do not have their years of studies and practice, and of course do not know your medical case. Each "illustration" is only an example of the personal handling with the "method" of one of **my** rehabilitation cases.
I do not write this to "cover" myself. I write it for you.

Notes

1. I address the reader.

   I write for “you”. This “you” is a synonym for “the person who wants to rehabilitate”.
   This use is not :

   - False friendship. We do not know each other.
   - Marketing. I do not have anything to sell you.
   - Command. You decide yourself what you do.

   It is to be direct and concise.

2. I use by default the pronoun “she” in the English version of the guide.

   It is just a convention. In the French version of the guide, I use “il” (“he”).
   The intended reader is any handicapped person, regardless of sex.

3. This book does not look like a professional product.

   This is because, although friends and people active in the medical and paramedical fields proofread or read it, I alone was responsible for the OYR! project.
   So, each book of the guide is a little imperfect : its layout could be enhanced, and it may have some grammatical and spelling mistakes. In particular, the English is just that of a person whose English is not his mother tongue.

   Please be so kind as to be indulgent.
   I was careful that the substance of this book be as good as I could make it.
   Please accept my apologies for the mistakes you may encounter while reading.

Contents

Introduction

I fell 4 floors from my apartment, that is a height of 11 meters (36 feet).

Following this accident, I was in a coma for 6.5 weeks. After I woke up, I was afflicted by numerous handicaps. As a consequence, I had to rehabilitate in 4 domains :

- **EQULIBRIUM** I could no longer control a large part of my body, thus not walk. This is because I had lost almost all coordination (hence, almost all balance) due to my half-destroyed cerebellum (the cerebellum is an organ under the brain. It is connected to nerves and manages all body functions including walking, speaking and writing).

- **SPEECH** My speech was almost incomprehensible, due to :
  - a brain lesion called a Cerebral Vascular Accident (CVA). It resulted in dysarthria (partial loss of the capacity to speak due to neurological problems)
  - the damaged cerebellum. This caused a marked deterioration in the control of the amplitude (strength and aptitude to set tones) of my speech
  - the severed (then sewn up) tongue
  - the broken (then reconstructed) lower jaw

- **WRITING** (relearning to write) My writing ability was nil, due to the damaged cerebellum and to the fractured right wrist.

- **INTELLECT** My reasoning ability and my memory were both weakened, owing to the CVA and a high pressure in the skull while in a coma.

AS A CONSEQUENCE OF THE PHYSICAL LESIONS RESULTING FROM MY ACCIDENT, I WAS A SEVERELY LIFE-HANDICAPPED PERSON.

I REFUSED NOT THIS STATUS, BUT WHAT IT ENTAILED FOR ME : A LIFE LIVED VERY LIMITEDLY, PHYSICALLY AND MENTALLY.

I DECIDED I WOULD CARRY OUT A REHABILITATION AS COMPLETE AS POSSIBLE. I WANTED IT TO BE COMPLETE, AND I WAS ALONE TO CONSIDER THIS GOAL REALISTIC.

I CARRIED OUT SUCH A REHABILITATION.

I personally took charge of my rehabilitation, and I carried it out intensely over 5 years.

Rehabilitation re-made me cross, with accelerated rhythm, all the development phases of a human being.
I had to relearn things a baby (to eat and drink, to control my hands, to defecate and urinate upon will), a child (to walk, to speak, to write) and an adolescent (to think), do.

Experience taught me the way a rehabilitation is conducted has a crucial impact on its result.

I describe the way I rehabilitated by the term “rehabilitation optimization”.
I decided during my rehabilitation that, when I had completed it, I would write for each person who wants to rehabilitate a book that helps her optimize her rehabilitation.
Therefore, just after my rehabilitation, I wrote a guide composed of 2 books : this Book 1 about rehabilitation practice, and Book 2 of direct help for your rehabilitation.

Precautionary note

THE FRENCH AGENCY FOR HANDICAPPED PERSONS GAVE ME A HANDICAP RATE OF 65%.

I REFUSED TO LIVE AS A HANDICAPPED PERSON; NOTHING BETRAYS I AM ONE.

TO THIS RELATIONSHIP, THERE IS AN IRREFUTABLE INDIRECT CAUSE. HOWEVER THERE IS STRICTLY NO DIRECT CAUSE.

I KNOW I might not have been able to rehabilitate.

My rehabilitation originates in the medical possibility I had to rehabilitate.
Thereafter, others enabled me to rehabilitate, first by reconstructing my body, then by teaching me how to rehabilitate or by making bearable the psychological pressure of my rehabilitation. These persons enabled me to optimize my rehabilitation.

To rehabilitate is first to have the medical possibility to do so.
From the moment this possibility exists, to rehabilitate is to WANT to do so.

If will was enough to rehabilitate as completely as possible, then all handicapped persons in the world who stay handicapped would not have wanted enough not to remain handicapped persons.
I do not believe this at all.

I do not believe this at all regarding all these persons but I think that, regarding some among them, it is the case.
To say so may be perceived not at all "proper". I nonetheless do it.
Indeed, I do not say so to persons who need to rehabilitate in general, but to each of them who can and ***WANTS*** *to rehabilitate.*

In this guide, I voluntarily use to describe the result of an optimized rehabilitation the vague phrase “a rehabilitation as complete as possible”. I do so because each person who had an accident will define herself the term of her rehabilitation.

As regards myself, that I reach thanks to my rehabilitation the possibility of a happy life required I conduct a rehabilitation as complete as medically possible.
As regards any person who had an accident, to “a rehabilitation as complete as possible” may be substituted “a rehabilitation that enables a happy life”.

Rehabilitation need summary

As a consequence of my accident :

- I spent a month and a half in a coma.
- I had 12 operations (1 to the tongue, 3 to the lower jaw and teeth, 3 to the right wrist, 2 to the right thigh bone, 1 to the pelvis, 1 to the right knee, 1 reparatory surgery operation).
- I had the lower jaw bone broken in several pieces. During the first operation to it, surgical wire and titanium screws reconstructed it. Almost half my teeth (15 out of 32) were destroyed.

  Two dental surgeons told me I would have a plastic denture all my life. In this case, I would live with heavy speech problems, owing to the crude air-modulation in the absence of upper dental implants.
- I had to eat blended food for 5 months, owing to my lack of teeth and to the absence of a denture. In addition regarding eating, for over a year I drank my soup with a straw. I had to do this because my hands did not have enough stability and were too inaccurate to hold a spoon.
- I initially had a poor sight (very substantial improvement since).
- I at first had an absence of bladder control. So, during 7 months I urinated through a medical sheath stuck to my penis.
- I lost almost all my balance, owing to equilibrium problems resulting from my damaged cerebellum. I was in a wheelchair for 4 months, pushed for 1.5 month because the cast on my right arm made impossible for me to turn its wheels.
- I had reasoning ability and memory deteriorated by brain damages.
- I had a very little comprehensible speech. Indeed, the CVA, the damaged cerebellum, the severance of the tongue and the broken lower jaw bone caused :
  - An “unlearning” (memory loss of the pronunciation mode) of numerous speech sounds and articulations.
  - A very poor mastery of the amplitude (strength and aptitude to set tones) of speech. So, my speech was initially monotone, like that of a robot.
  - A difficulty to articulate speech sounds.
  - A very frequent, because inefficient, breathing.
- I had to relearn to write, from the left hand while I am a right-hander.
  Indeed, my fractured right wrist (it required 3 operations) and my damaged cerebellum resulted in the loss of the ability to handwrite.
  My rehabilitation allowed me to write with the left hand, but not well. Therefore, I decided to substitute electronic writing (automatic touch-typing) for manual writing. To learn it was very difficult because of the coordination problems caused by my damaged cerebellum.

- I had over 150 medical appointments, half of which for the lower jaw and the teeth.
- I took part in over 300 paramedical sessions outside the rehabilitation center (neurological therapy, speech therapy, general physical therapy and physical therapy specialized in balance, occupational therapy…).

I carried out a rehabilitation as complete as possible.
The persons I meet do not suspect I am a handicapped person.

A. EVENT : MY ACCIDENT AND ITS MEDICAL CONSEQUENCES[1]

1. My accident

I had just turned 28 when the accident occurred. I lived in Paris. On August 18th 2003 at 6 am, I fell from the window of my bedroom.
My apartment, on the 4th floor of a building, was over a paved courtyard. I had opened my window the evening before my fall, to bring fresh air to my bedroom (this summer was called "the summer of the heatwave"). Since rain began in the morning, I got out of my bed to shut the window. I leaned against the safety bar placed in front of the window, and it let loose. I fell 11 meters (36 feet).
My naked body was discovered in the courtyard just after the fall. Firemen came immediately and brought me with record speed to La Pitié-Salpétrière hospital.
The swiftness of their intervention certainly saved my life : I thank them whole-heartedly and express my deepest gratitude to them.

2. Immediate medical consequences

The table on the next page summarizes them.

Following the accident, I was what physicians call a "polytraumatized patient", that is I had several injuries.
The damages to my mouth are the result of the violent shock of one of my knees with my chin when I hit the ground. This resulted in the severance of my tongue by my teeth and the breakage of my lower jaw bone.
My spinal column did not sustain any damage. This is because I would have fallen as parachutists are instructed to fall, that is with the head up and the rest of my body entirely folded upon itself (this is a medical supposition, I do not remember the accident).
Whatever the reason, I had a lot of luck.

[1] Appendix A presents the medical consequences of the accident.

Medical consequences of the accident

Organ	Injury
Brain and cerebellum	**In spite of injuries all over my body, the major part of my rehabilitation resulted from injuries to organs in the cranium (skull).** My vertebral artery was "dissected" (internally damaged but not severed). This led to a CVA and an oedema in the cerebellum. A high pressure in the cranium damaged certain zones of the brain : vision, reasoning ability, and memory. A shortage of blood, therefore oxygen, resulted in the destruction of half the cerebellum. The cerebellum, which is over the spinal column and just under the brain, manages nervous terminal connections. Its injury damaged my body control. In particular, it seriously impaired balance and the control of speech amplitude.
Jaws	Upper jaw damaged, and lower jaw bone entirely broken. It was not simply fractured, but separated in several pieces. 15 teeth were destroyed.
Tongue	Severed (at its two-fifths from the front)
Right wrist	Fractured (breakage of a cartilage located between the wrist and the thumb)
Pelvis	Fractured
Right thigh bone	Fractured
Heels	Both fractured (on both feet, breakage of the bone of the heel)
Bladder	Burst (it reformed itself in a month)

I was in a coma for 6.5 weeks, so I was placed in intensive care.

A good understanding of my condition necessitates a comparison with an analogous medical case. A patient with a similar one is for instance the coyote of Warner Bros cartoon "Road Runner and Wile E. Coyote", when he is injured.
In this cartoon, invariably Coyote chases Road Runner. Road Runner deftly avoids obstacles, for instance a cliff, but Coyote does not. He runs over the edge, pedals in the air and crashes miserably, digging a hole by comparison with which the Grand Canyon looks like a hillock. Next, he is in a hospital bed where he looks like a nitwit, a little saddened by the injustice of his condition.
He is so plastered it would seem a concrete mixer was used, has so many bandages one might think a fabric store was robbed, and has a plastered leg raised above the bed.
Well, except for my plastered leg which was not raised, I was his spitting image.

While in a coma, I had 5 medical operations : tongue, mouth (lower jaw bone and teeth), pelvis, right thigh bone and right wrist.
I came out of a "deep coma" after 12 days; then, for a little more than a month, injections of drugs for the brain and curare ensured my unconsciousness and my immobility (I was maintained in a "light coma"). Unconsciousness prevented me from suffering, and immobility was necessary for the consolidation of my bones after the operations.
Machines around me performed several tasks :

- Artificial breathing

  Tubes had to bring to my lungs air instilled by a machine, because curare injections immobilized almost all my body including them - the heart was the only active organ.
  The state of my jaws did not allow tubes to go through my mouth. So, a tracheotomy (slit in the throat) had been made for my breathing.

- Nutrition

  I was fed by water and nutriment pockets. The drug injections I received had irritated the pancreas (an abdominal organ located just behind the stomach). To avoid it, small tubes ran throughout the digestive tract and brought nutriments beyond the stomach.

- Drug injection

  Batteries of automatic syringes around my bed performed various I.V.. I simultaneously had up to 13 of them.

My body was in a rather pitiful condition, but the most serious worry was a high pressure in the cranium (skull). Because of this high pressure, a small hole had been pierced in my skullcap. Through it were installed a pressure catheter and a medical valve device. I was in such a sorry state that a priest administered the Sacrament of the Sick (a name of the Extreme Unction) to me. The high pressure decreased just before reaching the level at which it would have been fatal.

The accident had occurred one day after my return from Chamonix, where I had spent 3 weeks doing high-altitude sports. I had consecutively participated to :

- two one-week alpinism programs organized by the French Federation of Mountain and Climbing
- one week of climbing with a person met through classified advertisements posted at the Chamonix bureau of the French Alpine Club

So, I was in very good physical shape when the accident occurred. I am convinced my physical shape ensured my survival during the accident, and explains in great part my swift recovery after the medical operations that followed it.

Over 140 persons came to visit me while I was in a coma, and came back sometimes. Altogether, I received then more than 200 visits. I mention them because they are likely to have had an incidence on the delivery of my medical treatment.
Indeed, if intensive care employees do their best for every patient, I nonetheless think the number of my visitors may have influenced them to pay a particular attention to me. I, myself, would have been influenced.

When I awoke from coma :

- Mentally, I was in the state of heavy confusion that marks all persons who underwent a head trauma.
- Physically, I was rather damaged. My heels were both bandaged and my right arm was in a large plaster which ran from the upper part of my hand to the middle of my biceps. I do not remember if my pelvis and my right thigh bone were still immobilized.
  I was very thin. I had lost 13 kilos, or 20% of my ideal body weight. From 64 kilos when the accident occurred, I weighed then only 51 kilos.

Shortly after I woke up, I was transferred from intensive care to a regular hospital room. I rose... and fell like a rock. I fell so violently physicians had X-rays taken of my body to ensure the fall had not caused injuries.
I had fallen so, because the accident had caused the destruction of half the cells of my cerebellum. Therefore, my coordination was very weak and my balance was almost entirely absent.

Another example of my poor coordination then is my impossibility to play board games. My Dad visited me each day in the evening, and played board games with me. The gripping ability of my only available hand, the left one, was much too crude for the manipulation of the pieces. Therefore, he moved them for me.

3. Long-term medical consequences

For the next 2.5 years until the end of operations, my life was entirely devoted to medical or paramedical treatments : medical appointments (approximately 1.3 weekly), paramedical sessions outside the rehabilitation center (approximately 2 weekly) and operations (7 others, for a total of 12 operations).
Medical operations did not trouble my rehabilitation. In fact, I had from the onset a complete detachment from them. I had such detachment, because :

- These operations were indispensable to me. I had to undergo them to have my body reconstructed, so I could then rehabilitate.
- The operations took place in the public hospital, where there is no financial pressure on the treatment of a patient. In consequence, the operations I was prescribed had been deemed imperative by expert physicians.
- Research about these operations would have been useless, due to my absence of knowledge in the complex surgical field.
- I quickly noticed the very high, sometimes extremely high, professional skill of the professionals in charge of my medical treatment.

To worry about operations would have had a negative impact on me (anxious, I would not have managed to concentrate on my rehabilitation), and no positive impact. Therefore, I submitted myself to operations without thinking about them, except for the preparation of the administrative documents necessary to the hospital.

Each of my stays at the hospital was, except for the operation, a source of pleasure. It allowed me to be in close contact with hospital employees, whom I had taken the habit of appreciating.

Operations sometimes caused humorous events.
For instance, just after my second thigh bone operation, I was stretcher-led from the recovery room to my patient room. A physical therapist came shortly thereafter with a crutch, to teach me to use it. This measure was entirely justified by prudence for the patient I was.
However, before she came, I had managed to walk down to the cafeteria to drink a coffee. I was given a good roasting !

I have several implants in the body :

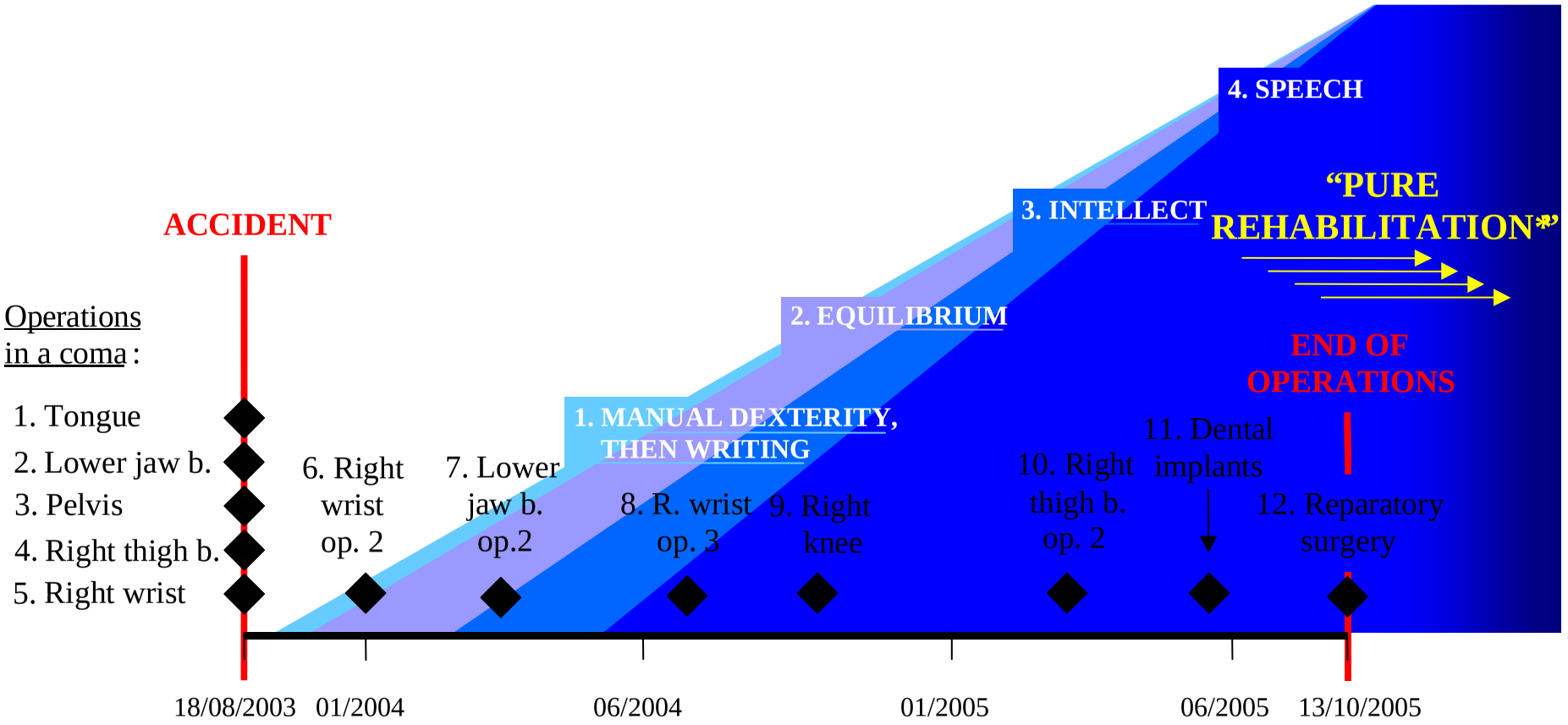
- A small carbon prosthesis in the right wrist, to use it without its cartilage.
- Steel “nails” (long medical pieces) in the pelvis and right thighbone, to facilitate their consolidation.
- Surgical wire held by titanium screws to reconstruct the lower jaw bone, and titanium dental implants to install artificial teeth in the upper jaw bone.

These implants made me think a little about a TV-series of my youth, “The six million dollar man”. The hero of this series is a man who received “bionic” implants following heavy medical injuries in an accident.

I have also implants in my body, but the comparison ends there. In contrast to this hero of a series, I am in life. I cannot rewrite the scenario of it when something unpleasant happens : I have to face and confront the problem. My implants are of course not "bionic", but simply medical pieces which made my rehabilitation possible.

The diagram on the next page presents the beginning of each specific rehabilitation despite operations.

Beginning of each specific rehabilitation despite operations



* End of operations, decrease in the intensity of the medical treatment that allowed a higher concentration on rehabilitation work.

B. DECISION : TO REHABILITATE UNTIL A STATE THAT WOULD ALLOW ME A HAPPY LIFE[2]

This chapter shows that psychology (here, frame of mind) is the foundation of ALL my rehabilitation. My psychology led me to carry out my rehabilitation as completely as possible and drove my rehabilitation efforts.

This psychology can be summarized as such : I enjoyed the life I had discovered, wanted to find it again, and wanted to do in it certain things for which my rehabilitation was a prerequisite.

Rehabilitation exercises were THE PRODUCT OF, and DRIVEN BY, the will that emanated from my psychology.

1. First cause of my rehabilitation : the determination to lead my life

I said to my Dad just after my arrival at the rehabilitation center : "I do not want to remain a handicapped person".

I could not say that in La Pitié-Salpétrière hospital, for I was in much too vague an intellectual state to be able to envision a rehabilitation project.
I must stress the sentence I uttered has to do exclusively with the very visible handicapped person I was then. It does not concern others.
Furthermore, when I pronounced it, I had already made the experience of the mental fortitude necessary to live as a severely handicapped person, for whom every single thing is difficult.

I did not refuse to be a handicapped person against other handicapped persons.
I refused to be a handicapped person FOR MYSELF.
I wanted to find again the life I had discovered, and to be autonomous in it.

I strove to rehabilitate to conduct the course of my life again.

This entailed the following successive goals :

- to wash myself and eat by myself
- to participate to a talk with friends
- to write emails
- to have an interesting job
- ...

[2] Appendix B shows I am a handicapped person.

2. Second cause of my rehabilitation : the motivation to try to do something with my life

2.1. State of my physical capacities before the accident

It results from my practice of sport, and in particular from my passion for high-altitude sports.

I practiced many sports : raids (raids are amateur team sport events that combine orientation running, kayaking and mountain biking. They last from half a day to a week), solo journeys on a mountain bike, rugby... then, I discovered high-altitude sports at the end of my studies, when I was 24 old.

A close friend with whom I was studying, Ambroise, suggested during the summer after our last year of studies we go hiking around the Mont Blanc. During the hike, he suggested I climb it.
Therefore, I took the Yellow Pages, contacted a high-altitude guide, and planned with him the climb of the Mont Blanc. Although I had never before put on crampons, I summited.
So began a passion for the practice of high altitude sports.
I did numerous alpine treks around Chamonix, climbed on several mountains in France, Italy and Brazil, climbed ice-cascades in France and Italy, and took part in alpine expeditions in South-America and Nepal.
My high-altitude experience is really poor compared to that of many. But, often, these persons benefit from more favorable conditions than I did. I began late, did not have any mentor, started from a zero-level in alpinism, rock-climbing and ice-cascade, lived in Paris, worked a lot, and had only 3 years of practice before my accident.
Besides, I do not have a "sportsman physique". I am rather small, and not muscular. I had only, when I trained, a good cardiovascular level. Despite my physique ill suited to sport, I reached my high-altitude objectives.

The experience of high-altitude sports made me conceive the desired rehabilitation state, and furnished me with the behavioral mode of my rehabilitation.

Indeed, it brought to my rehabilitation :

- **My vision of its goal.**

  As for a mountain ascent, the goal of my rehabilitation was to summit.

- **My concentration on the goal.**

  As in high-altitude sports, satisfaction was very easily attained for the elements that did not play an important role in the reach of the goal.

- **A perception of tiredness as an element necessary to reach the goal.**

  As in high-altitude sports, tiredness was in no way an obstacle, but simply an element that accompanied the effort.

I had discovered the practice of sport, then that of high-altitude sports.
My Dad does not particularly appreciate sport, and cannot practice sport due to a badly healed fracture in one of his legs.
I lived until my studies in a suburb of Paris, the department of Val d'Oise, then in Paris. Hence, I was not really close to the mountain.

2.2. State of my reasoning, and of my memory, before the accident

It results from my studies.

I first studied at the Paris Institute of Political Studies ("Sciences-Po"). Then, I studied at HEC, a business school ranked by the *Financial Times* in 2008, for the third year in a row, leading "master in management" in Europe, and as such rather competitive to get into.
My studies at HEC rather than in an engineering school, a university specialized in medicine or in law, or a "generalist" university, did not have any incidence in terms of intellectual development.

On the other hand, my studies at HEC made me determine the means, and define the practice, of my rehabilitation.

Indeed, they brought to my rehabilitation :

- **Its execution mode**

  The way I rehabilitated, and the title of the guide devoted to your rehabilitation of which this Book I is part, "Optimize your rehabilitation !", directly proceed from these studies. They reflect the habit to optimize everything (to render quality and quantity as high as possible) they led me to acquire.
  During my rehabilitation, I simply applied this habit to an element different from those my studies had taught me. I applied it to my body and, through it, to my life.

- **An efficiency ability**

  That I do not squander time and energy to understand in details my medical cases was crucial. What mattered was that I perceive finely and concentrate solely on their parts on which I could act; I would thereafter be able to elaborate efficient rehabilitation action.

- **Pragmatism**

  It played a crucial role in my rehabilitation, for the execution of which I chose exclusively what was the most efficient.

- **Realism**

  In a realistic perception mode, things are as they are and as their results define them, not as a theory exposes they are. Realism played a critical role to enable me to determine my rehabilitation exercises and my rehabilitation goal.

I had discovered this degree course.
My economics teacher in "terminale" class (I was then 17 years old) advised me to go to Sciences-Po.
At Sciences-Po, I had a friend who had studied at HEC. This led me to want to get into this "grande école" (specialized school for higher education, entered usually after 2 years of preparation studies for its entry examination).

2.3. The emptiness of my life

I have done nothing with my life. Of course, I feel the desire that the emptiness of my life does not last my whole existence.

I have not founded a family. I forbade myself from having a social life, and possibly founding a family, if I did not rehabilitate as completely as possible.
I have not accomplished anything professionally. I forbade myself from entering the job market, and possibly accomplishing something professionally, if I did not rehabilitate as completely as possible.

3. Consequence of these psychological causes : the will to rehabilitate as completely as possible

In order to have the possibility of a happy life, I decided to carry out a rehabilitation as complete as possible. This decision was :

- not marked by any lack of wisdom. Indeed, rehabilitation does not present any risk
- justified by the very low quality of my life
- accompanied by a will of complete lack of moderation in my rehabilitation

I did not know I would need an investment of 5 years of my life to carry out a rehabilitation as complete as possible.
But I was ready for it.
During the 5 years that followed my accident, I devoted myself entirely to my rehabilitation.

I MANAGED TO REHABILITATE AS COMPLETELY AS POSSIBLE BECAUSE MY REHABILITATION WAS MY ONLY GOAL.

My life is the only asset I have.
I do not possess any other asset, and I was not able to save due to the cost of my practice of high-altitude sports.
This life is not better than any other, but it is mine.
I wanted to restore my ability to conduct it.

My life can be represented as a long fabric band. This band presented an important tear after the accident, but it had not been severed.
I rehabilitated to mend this tear of the fabric of my life.

To mend it, I decided to set a goal to myself and to follow 3 principles :

Goal :

My rehabilitation

No plan B.

Principles :

- **The "naked table"**

  My rehabilitation implied I rid myself of all prejudices about my body, and on the efforts it might sustain. It also implied I completely reappraise myself.

- **An almost entirely practical outlook over my body**

  I left physicians in charge of my medical cases, which I did not know how to treat. Thus, I was able to concentrate entirely on my rehabilitation cases, which I could treat myself.

- **The "narrow scoping"**

  Rehabilitation as complete as possible was my only goal.
  Everything else was obstacles to cross, or possibilities to use, to reach that goal.

C. ACTION : MY REHABILITATION[3]

1. Physical state from which I began my rehabilitation

I woke up from a coma in mid-October 2003. A few days afterward, I was transported in an ambulance from La Pitité-Salpétrière hospital to a rehabilitation center for young adults in Val d'Oise.
During the first month, I was not in a state to do any rehabilitation whatsoever :

- I did not have control over my urinary and defecatory functions

Due to my neurological injuries, I had an imperfect control of anal sphincters and no urinary control. So, I defecated sometimes in my bed, and I urinated through a medical sheath stuck to my penis, sheath connected by a tube to a pocket collecting urine.

- I could not wash myself

During the first weeks, I was too fragile to be washed under the shower. Consequently, the auxiliary nurses cleaned my face and my torso with washing tissues. Afterward, an auxiliary nurse began to put me under the shower. To do so, he transferred me from my bed to a plastic stretcher, took off my gown, then pushed the stretcher under the shower and washed me with a glove.

- I saw very poorly

My sight was poor, because the accident damaged the zone of the brain which manages it. A close friend came to visit me in November 2003. She gave me a comic but I could not read it, for I could not distinguish its speech bubbles.

- I could not eat on my own, nor eat solid food.

Due to my lack of coordination my only available hand, the left one, was too clumsy to allow me to feed myself. Therefore, an auxiliary nurse fed me. Since I only have half my teeth left and I had a (plastic) denture only in March 2004, I ate essentially mash, puree and soup.

[3] Appendix C and D respectively :

- reports the success of certain specific rehabilitations
- presents my motivational message for rehabilitation, translated in English

Because of the heat-sensibility of my reconstructed lower jaw, I could not eat any food a little hot. Thus, when my Dad came in the evening, he cooled my soup in the washbasin filled with cold water before feeding me.

- I could not think

My intellect, very poor at the time of my arrival, stayed poor for several months. Furthermore, I constantly had to follow health measures (numerous medical appointments to which I was brought by ambulance on a bed then pushed in a wheelchair, daily application of bands to my heels...). These measures occupied the little thinking space I had.

- I was very vulnerable to diseases

Shortly after my arrival, I caught a high fever. I was sick, because my body was vulnerable : it had been isolated for a long time from bacteria against which it could have developed antibodies.

I was very weakened physically. I could not move. I could not think. I spoke little and extremely badly. I saw poorly. I was sick.
I was just a fragile life form immobilized in a bed.

From this physical state, I began my rehabilitation.

2. How I rehabilitated in my different (rehabilitation) living places

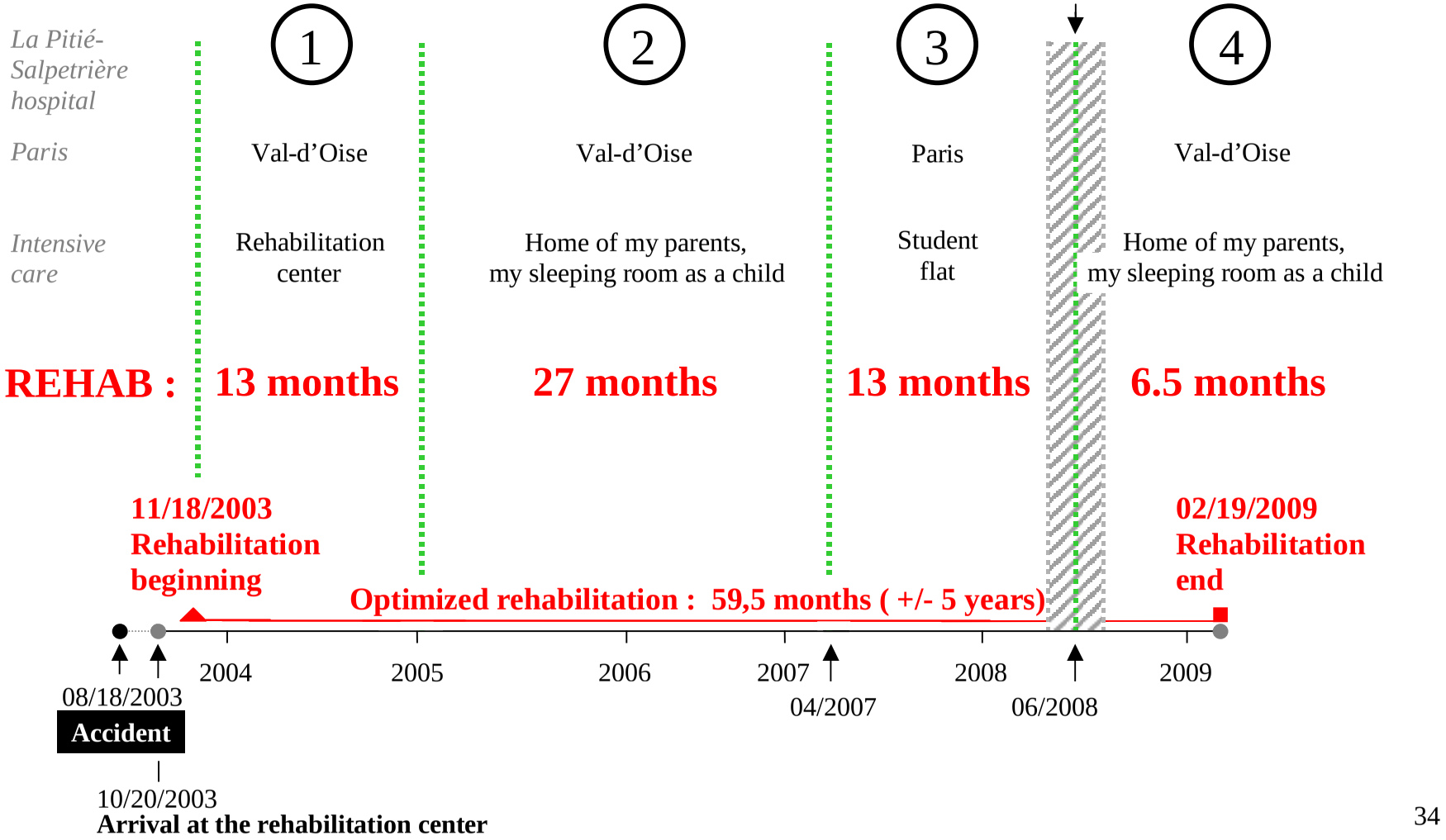
Two living places, the rehabilitation center then the home of my parents, offered a favorable characteristic : “logistics” were executed for me.

The sentence above is a very positive judgment.
BECAUSE logistics (regarding nutrition and clothing in particular) were taken in charge, I had the possibility to invest myself as I did in my rehabilitation.

The diagram on the next page presents my living places during rehabilitation years.

Rehabilitation living places

Speech rehabilitation pause for 2 months, then preparation of an academic examination without rehabilitating for 2 months.



2.1. My rehabilitation center

Mid-November 2003 - December 2004 - 13 rehabilitation months

I began there all my rehabilitations.
I stayed in night hospital (full day care) 4.5 months instead of the 15 planned, for on March 1st 2004 I could leave the wheelchair and walk. From this month onward, a car took me in the morning at the home of my parents, and brought me back in the evening.

There, I regained not only essential body functions, but most of all **autonomy**

Beginning of the reacquisition of autonomy

Except for my specific rehabilitations, the most important event of my stay took place in mid-November 2003.
The auxiliary nurse who was feeding me asked me then : "Would you not try to eat alone" ? She had probably seen my left hand had become less clumsy. Her suggestion was excellent. To reconquer autonomy, I decided to relearn to eat alone. I would later handle more ambitious autonomy conquests. Owing to my crude gripping ability and to my arm cast, I had to drink soup with a straw and could not cut solid food; however, I could eat alone one month only after my arrival at the rehabilitation center.
The auxiliary nurse who had helped me begin the reconquest of my autonomy is called Isabelle.
I sincerely thank you, Isabelle.

To learn to eat alone was not rehabilitation, but is necessary for autonomy in non-assisted life, autonomous life.
The optimization of my rehabilitation would enable me to regain the autonomy of my body. The autonomy of my body played the central role in my reconquest of autonomy, but the latter was more general : it was to be able to live a life which is autonomous, therefore **FREE**.

I would regain, little by little, all elements of non-assisted life in the course of the ensuing years.

My autonomy to move, absent upon my arrival, reappeared and grew during the semester after my arrival

From mid-November 2003 I moved in a wheelchair, pushed until the end of December. The backrest of my wheelchair was inclined, in order to minimize the weight exerted on my pelvis not yet fully consolidated.
I was pushed, for the plaster to my arm made impossible for me to turn wheels. Then, in January 2004 I had an electric wheelchair; it was electric, because I still could not turn wheels. Indeed, the first cast to the right arm had been removed at the end of December 2003, and the wrist was not yet to be used strenuously.

My insufficient coordination caused body problems, resulting in a limited physical autonomy

In January 2004 in a WC of the rehabilitation center, I had a problem which might have resulted in rather serious medical consequences.
I tried to carry myself over from my wheelchair to the toilet seat, but due to my insufficient coordination did not manage to. I fell, my body trapped between the edge of the wheelchair and the toilet's pipe against which my head was pressed.
I tried to get out of this position, but I did not manage to, and I had to call for help. A few minutes later, employees of the center opened the door and took me out of this painful position.

My insufficient coordination and the state of my wrist resulted in an absent writing autonomy

My insufficient coordination affected in particular my hands. Thus, in occupational therapy (general restoration of handicapped persons to autonomous life, restoration which in my case only comprised writing), I began not by relearning to write but by hand-rehabilitation.
For this purpose, I played at the beginning a game for babies which entailed pushing with a stick a pierced wooden square along a long sinuous wire. Then, I drew circles and forms resembling flower petals. In this manner, I regained control over my hands.
Thereafter, I relearned to write. I began by relearning to produce each different letter, and I progressed at a very slow pace. I relearned to write with the left hand (I am a right-hander) because in the rehabilitation center I had my right arm in 3 casts, for a total duration of 8 months.

I went far beyond planned rehabilitation exercises

The center allowed me to rehabilitate under the guidance of expert therapists. They formalized my rehabilitation and told me how to rehabilitate. However, their indispensable rehabilitation sessions only constituted a basis. Beyond the exercises given to me, I rehabilitated constantly on my own. Every day, as soon as I had time between two rehabilitation sessions, I rehabilitated the following organic functions :

- Speech : In a WC of the center, I did several hours of rehabilitation.
- Balance : As soon as I had relearned to walk, I practiced personal exercises in physical therapy.
  In addition, to improve my ability to move on a staircase, I repeatedly climbed up and down the 5 storey-staircase of the largest building of the center.
- Intellect : I played chess a lot. I did this at first alone thanks to a travel game I brought, then with another patient in the “club” of the center.

In addition, when I no longer was in night hospital and slept at the home of my parents, I did there speech rehabilitation and writing exercises.

I could unwind from the rehabilitation rhythm I compelled myself to follow

My continuous rehabilitation required I unwind. Three elements at the rehabilitation center allowed me to do so :

The park

The rehabilitation center comprises a beautiful park where I liked to go. When I had relearned the basic movements of walk and could use a walker, I made a daily stroll around this park, accompanied by my Dad who came to visit me almost every day.

The physical therapy

When I could walk, I spent 1.5 hour every day in the physical therapy building. The balance rehabilitation session with my physical therapist lasted half an hour. Then, I redid by myself for 20 minutes the exercises I had just practiced.

After work, pleasure. For 3 quarters of an hour I used the physical therapy main room as a sports room, where I did bike and abdominal exercises.
For biking, I used during half an hour an exercise bike. I cycled on it as swiftly as I could and with the greatest resistance, a few meters from where I had relearnt to walk a few months before. Since I sweated a lot, I brought a towel to clean the ground and a second T-shirt.
For abdominal exercises, I took one of the physical therapy weights, maintained it on my forehead to increase the effort during bust-raises, and put my feet on the wall bars of the room.

The origin of my sport practice in physical therapy was a medical appointment just after I had relearned to walk. During this medical appointment, the physician measured my cardiac frequency at 72, a high measure that displeased me much.
Therefore, I began to train in physical therapy, then measured my cardiac frequency again 2 months later. I obtained 49. I derived pleasure from this decrease of my cardiac frequency by more than 20 beats per minute. I felt pleasure, because despite the accident I behaved well in certain domains.
To notice this gave me a not entirely degraded personal perception, very important so I could carry out my rehabilitation.

The "club"

I played chess there several times a week with another patient, and I found the games with him very enjoyable.

The visits of some of my friends were pleasant, and kept me in touch with non-assisted life.

Numerous friends and colleagues came to visit me at the beginning of my stay in the rehabilitation center.
I was confined in my bed and my sight was poor. Therefore, my spirits were not as good as they could have been, and the visit of these persons improved them.

A close friend, Tristan, often came during the week-end and brought me each time applesauce he had cooked for me (I could not chew). He accompanied it with a little jar of cinnamon.
An alpinist called Samuel came. I had followed with him one of the 2 alpinism weekly programs before the accident. He brought me an A-4 picture of myself. On this picture, I look rather athletic and zen at the top of a peak, with the Mont Blanc in the background. This picture, pinned-up to one of the walls of my bedroom, accompanied me throughout my rehabilitation. My goal was to become the person in the picture again.

The visit that pleased me most was that of Ambroise.
Although he pushed my wheelchair prudently, he did it faster and less straight than usually. So, I laughed because I was under the impression of doing an automobile rally. I felt a little I was the Sébastien Loeb of the wheelchair (Sébastien Loeb is a current French rally pilot, who has already been World Champion 6 times).
He did other pleasant things during his visit. What pleased me most is that he completely set aside my physical state and treated me as he would have treated anyone. He did not pity me. We did not talk once about the way I would rehabilitate. So, I could not think about my recovery.
He had brought two beers. We drank them on the balcony of my room, bantering and smoking cigarettes.

2.2. Home of my parents

January 2005 to March 2007 - 27 rehabilitation months

I went on with my rehabilitation outside the rehabilitation center. I devoted all my time to it and I tried to optimize every element of it.

I progressively became a “life-utilitarist”, and considered my entire daily life according to my rehabilitation.
I constantly asked myself the following questions : “How could I use this element for my rehabilitation ?” and “What positive influence does it have for me ?”. I always found a positive answer, even though finding it was sometimes difficult. This mindframe was necessary, for I had a lot of rehabilitation work and lived in complete uncertainty over my life - no longer the fact I live, but the quality of life I would have whether I managed to rehabilitate or did not.

During 1.5 year, I left almost every morning the home of my parents to take the suburban train to Paris, where I learned electronic writing (typing).

I carried out there integrally balance rehabilitation, and partially writing relearning and intellectual rehabilitation

My specific rehabilitations progressed, although at a slow rhythm, thanks to a rehabilitation effort optimized in quality and maximized in quantity.

I timed everything to the minute till the end of November 2006, that is a little less than 3.5 years after the accident. Then, my balance rehabilitation ended. This liberated time, and from then on I had a 10-minute flexibility margin.

Balance rehabilitation

I had serious balance problems. Examples are :

- Staircases

  Due to the constant imbalance that results from walking on stairs, I had to hold the ramp when going up, and to grasp it firmly when going down.

- The underground

  It was a little arduous for me, due to :

  - numerous staircases
  - my need to keep my balance despite the pressure exerted by other travelers. Because of it, I let overcrowded underground trains pass, and I tried to enter a car after other travelers and to go out before them (I never sat)
  - the occasional difference in height between the train and the platform

- My washing-up

  Under the shower I could not hold myself to anything, while I needed to ensure my balance. As a result, I leaned against the wall opposite the shower head. Since I did not have the balance required to dry myself standing, to do so I sat on a stool I had installed in the bathroom.

I solved almost completely my balance problems thanks to :

- A close friend, Julien, president of the “Génération raids” association of which I am a member. He trained me athletically, and the physical activities he had me do played a great role in the rehabilitation of my balance.
- My sister, who as a present for my birthday in 2006 invited me for a week-end in the Vercors (a mountain range west of the Alps). The goal of the stay was sport activities with a middle-altitude guide. His wife is a physical therapist who brought me critical information for the rehabilitation of my balance.
- My balance rehabilitation exercises.

My sister visited our family for Christmas 2003, and took me shopping. Pushed by her in my wheelchair, I bought a squash racket in a sports shop (this purchase was not irrational, for I was relearning to walk). I regained the ability to play squash at the end of 2006, that is a little less than 3 years later, and I played with Tristan. I gave him the racket before the game, and therefore never played with it.

Intellectual rehabilitation

In December 2004, just before I left the rehabilitation center, I dined with a close friend called Amir. The dinner enabled me to discover a very potent tool for the rehabilitation of intellect.
Amir told me he desired to follow demanding management studies that take place after a few years of work, a MBA (Master in Busines Administration). For that reason, he was preparing the examination used by universities to rank candidates, the GMAT.
I then told myself : "What an excellent concept, that of MBAs ! This is what I must do !", and decided to take the GMAT. Shortly after this dinner, I much deepened my rehabilitation of intellect thanks to manuals to prepare for this examination.
The information from Amir had 2 essential consequences for me:

- **Intelligence about a highly efficient rehabilitation tool.**

  GMAT exercises enabled me to accomplish a large part of my rehabilitation of reasoning and memory.

- **Strengthening of my willingness to rehabilitate.**

  It occurred in 3 ways :

  - Practical consolidation

    My decision to rehabilitate as completely as possible was only theoretical. It lacked the practical consolidation Amir offered me through an academic goal.

  - Presentation of a future

    The preparation of the GMAT strengthened my willingness to prolong my rehabilitation until it would be as complete as possible.
    Indeed, I thought I would begin my post-rehabilitation life segment with the MBA studies to which the examination may open the way**.**

  - Lightening of the psychological weight of rehabilitation

    I thought a lot about the problems contained in the manuals. Reasoning upon them required I completely leave aside rehabilitation; therefore, GMAT problems allowed me to de-saturate from it and its implications over my life.

Relearning to write

With the left hand, I did a considerable number of writing exercises. With the right hand, I tried different approaches to rehabilitation.
In January 2006, my writing with the left hand progressing no more, and the rehabilitation of my right hand not progressing at all, I substituted electronic writing (typing) for manual writing.
Due to my coordination troubles, 1.5 year of intense work was needed to learn it. An additional year of exercises of smaller intensity was needed to type almost well. I now type well.

My sight grew better of its own, and thanks to new optical corrections

Three means solved in large part the sight troubles I had :

- Spontaneous sight progress.

  My sight improved slowly but very substantially during the trimesters following the accident.

- Accommodation of my sight to reading.

  I felt an improvement in my ability to read while sight did not recover any more. For instance, the reading of newspapers written with small fonts, such as *L'Équipe (*a French sport newspaper) or the *Financial Times*, was initially very difficult. Practice rendered it natural.

- Improvement of the images provided by my sight thanks to contact lenses with a stronger optical correction.

  Following an appointment with an ophthalmologist, I bought contact lenses with a stronger optical correction than before the accident.

Thanks to these means of sight improvement, I no longer have serious sight problems. I can read everything, including pocketbooks written in small font.

However, my sight is henceforth not very good; this resulted in a heavier weight on speech rehabilitation

Despite these improvements, my sight no longer allows me to work at the job that was mine before the accident. This job had me work, under severe time pressure, on a quantity of small elements presented on my computer screen (so I could have of them a comprehensive picture). I could still work well on such elements; however, if they were a large part of my job, I would have to concentrate on the characters displayed by the screen, instead of focusing only on their interpretation. Hence, my work would suffer from a time-execution problem.
I spent a lot of energy trying to solve my sight problem :

- I visited many websites of equipment for handicapped persons, where I ordered several pairs of glasses.
- I tested several computer display adaptation softwares.
- I consulted several ophthalmologists specialized in sight problems of neurological origin.
- I followed the prescriptions of 2 of these ophthalmologists for orthoptics (physical therapy for eyes) rehabilitation sessions. I did not entertain illusions regarding these sessions, for I did not see in what way a physical rehabilitation could solve a neurological sight problem. These ophthalmologists probably thought that my sight might benefit from the muscular effects of this kind of physical therapy.
  As a consequence, I followed eyes-rehabilitation sessions as well as I could. I asked the specialized physical therapists how I could accompany their sessions, and I did personal exercises in a very focused manner. Whatever the outcome, I wanted to try my best to improve my sight.

None of these elements resulted in an improvement or an adaptation of my sight.
They did not have such results because the origin of my sight problem is not eye trouble, but neurological injuries. Neurological in nature, it is not linked with the formation of the images the eyes transmit to the brain, but with the interpretation of these images by the brain.

The consequence of the failure to improve my sight is clear : I can no longer perform very well in the job where I began to work. Yet, in the economy sector where I began to work, only this job appeals to me.
Therefore, I decided to change market sector and my job within it.
The failure to improve my sight intensified the need to rehabilitate my speech as completely as possible so I can learn a new job.
Complete speech rehabilitation seemed to me extremely difficult, but I had no choice.

I felt continually less at ease living with my parents.
This had nothing to do with a lack of love on their part, but simply with the fact I had for a long time passed the age at which it is agreeable for a person to be living with her parents.
So, I asked mine to rent a student flat in Paris for me.

Before I describe my rehabilitation in Paris, I mention an element of critical importance for rehabilitation :

Since summer 2005, I had a weekly appointment with a Parisian psychiatrist.
Appointments with her brought me 3 key elements :

1. **Psychological support**
   In 2005 and 2006, my rehabilitation was particularly tough. Appointments with her enabled me to bear the psychological pressure I lived under.

2. **De-saturation from rehabilitation**
   These appointments allowed me to think about other themes than rehabilitation. Thanks to them, I did not develop negative mental tendencies, such as irrational obsessions.

3. **Different thinking about my rehabilitation**
   To talk to her about my rehabilitation required that I consider it differently from when I worked on myself. This sometimes led to rehabilitation adjustments.

ESSENTIAL COMMENT TO YOU

My accident resulted in the loss of no friend, and my close friends then showed that they are true friends by being attentive to the handicapped person I have become.
I stress the importance for rehabilitation of meetings with friends, through the psychological de-saturation they enable. But, when a person has a serious accident, her friends sometimes vanish. This may have a serious impact on you because rehabilitation is, out of the conditions of its carrying out, entirely psychological.

Due to the psychological weight of an optimized rehabilitation, a psychiatrist is INDISPENSABLE to its execution.

A person who carries out an optimized rehabilitation needs every psychological support she can have.
Such a need is not at all a sign of weakness, but on the contrary a mark of strength. It is for this person a necessity resulting from her total involvement in rehabilitation.

A PSYCHIATRIST CAN BE AN EXCELLENT PSYCHOLOGICAL SUPPORT.

2.3. Student flat in Paris

April 2007 to April 2008 - 13 rehabilitation months

3 elements summarize my stay in Paris :

End of autonomy restoration

The employees of the rehabilitation center, then my parents, had taken charge of me during the 3.5 years consecutive to the accident. I realized how much this logistical assistance was useful for my rehabilitation, but it was high time I re-take charge of myself. Henceforth, my rehabilitation improvements allowed me to do so.
The end of the restoration of my autonomy was difficult during the first months, because I had to do things I had lost the habit of doing.
I had to do grocery shopping, to clean my small apartment (a $15m^2$ student apartment), to go wash my clothes at the laundry... these are elementary things, but I had to regain the habit of doing them.

Autonomous speech rehabilitation

To live in Paris led me to realize the extent to which I was speech handicapped. Before moving in, I almost only frequented my family, friends and medical and paramedical professionals, and therefore was not conscious I had a speech as poor as it was. Indeed, these persons all knew what had happened to me, and were careful not to phrase any negative comment about my speech.
For people who did not know me and therefore representative of society as a whole, my speech was very little comprehensible.
The following example illustrates this :
My neighbors argued constantly. One evening, I knocked on their door to ask them to lower the noise a little. They opened the door and listened to me, then told me they had not understood anything and asked me to repeat myself.

Henceforth conscious of the high imperfection of my speech, I conceived then practiced a speech rehabilitation regimen called “Pure Speech Rehabilitation”, detailed in II.B.2. of Your rehabilitation. I then carried out its *Pure Speech Rehabilitation I* phase.

End of the intellectual rehabilitation

During winter 2007-2008, I played (only for fun) neurological rehabilitation games between speech rehabilitation phases, then stopped playing them altogether. In spring 2008, I decided to take the GMAT during the summer, on August 4th.
At the beginning of June, I went back to the home of my parents because I did not want to go on imposing large costs to the family budget. I spent the 2 months before the examination to prepare it, without any rehabilitation.

The administrative procedures of the examination showed me I still was speech-handicapped : the person receiving candidates at the entrance of the examination office did not comprehend my name. His lack of comprehension troubled me enormously. The examination was important for me, but was only for my career.
On the other hand,

MY SPEECH IS FOR MY LIFE

I should add after "my speech is for my life", so as to appear properly distanciated, "cymbals clicking and drums rolling". But trying to appear distanciated would be lying. I was not at all distanciated : I sought to reach a new life segment, and I needed to rehabilitate my speech to do so.
I felt very negatively about still having speech so poor. I did not want to stop my rehabilitation at this point, but to go further seemed to me very difficult, and I began to doubt a little it was feasible. I went to bed.
Then, after 2 days, I rose. In bed, I had told myself I still had not done well enough and sufficiently, and I decided to do better and more.

2.4. Home of my parents

June 2008 till now - Speech rehabilitation from August 7th 2008 to February 19th 2009, that is 6.5 months

I began on August 7th 2008 a second phase of "Pure Speech Rehabilitation", *Pure Speech Rehabilitation II*.
Regarding the quality of my rehabilitation, I took the resolution to "dissect" my rehabilitation case. I would consider it very attentively without guidance, whereas until then I had perceived it in large part through dedicated paramedical therapists, my speech therapists.
Regarding the quantity of my rehabilitation, I decided to rehabilitate speech until, either I would speak correctly, or I would realize I could no longer improve it.

I was completely absorbed by my speech rehabilitation. However, for my intellectual upkeep I did every evening an hour of GMAT exercises.
At the beginning of this second "Pure Speech Rehabilitation" phase I did not meet anyone. Then, after 4 months, every two weeks I took the suburban train to Paris to meet Ambroise or another close friend, François-Régis. My speech rehabilitation, the last of my specific rehabilitations, ended on February 19th 2009.

I rehabilitated my speech as completely as possible.

3. My rehabilitation was ENABLED, AND MADE EFFICIENT, by the fact I sometimes did not rehabilitate at all

3.1. Rehabilitation caused a consequent expenditure of *PSYCHO-LOGICAL ENERGY* amd mental saturation

I almost constantly thought about my rehabilitation. In addition, I was completely concentrated on myself while rehabilitating : I "plunged" into rehabilitation work. This rehabilitation investment had two consequences :

1. **Consequent expenditure of psychological energy**, (or important "mental energy" cost of my rehabilitation will, resulting in lower dynamism) due to :
   - the constant search of more efficient rehabilitation means than the ones I was using
   - the repetition of rehabilitation exercises without considering physical or mental tiredness
   - the extreme concentration on the quality of exercises

   This expenditure caused a weakening of my vision of my imperative necessity to rehabilitate to become able to live a happy life.

   It resulted in a lesser ***willingness*** to rehabilitate.

2. **Saturation from rehabilitation**, due to my almost constant rehabilitation practice or thinking.

   It resulted in a lesser ***ability*** to rehabilitate.

I did not allow myself any concession from my pre-set rehabilitation roadmap. It resulted in the rehabilitation rhythm presented by the table on the next page.
For a little more than a year, essentially in 2006, I sent by email a weekly report to Ambroise; to report to him compelled me to hold the rhythm I had set for myself. This report did not consist of "advancement notes"; it was a simple table comprised of 4 cells each filled with a figure, where I reported over 100% the execution intensity of each of my 4 specific rehabilitations. The reporting task consisted in a cut-and-paste of the rehabilitation table, in the insertion of 4 figures, and in the sending of an email. As a result, its duration was less than 3 minutes.
I rested on Sunday and then, when balance rehabilitation ended in fall 2006, on Sunday and on Wednesday. I then had the opportunity to go running, to meet friends and, during my period in Paris, to do housework in my small flat.

Rehabilitation rhythm

Place Period Rehabilitation months	Rehabilitation center 11.5/2003 - 12/2004 13 months	Home of my parents 01/2005 - 03/2007 27 months	Paris 04/2007- 04/2008 13 months	Home of my parents 08/07/2008-02/19/2009 6.5 months
Daily rehabilitation time	12-15 hours	12 hours	5-10 hours	10 hours during 4 months, then 6h40 during 2,5 months.
Weekly rehabilitation days	6	6	5	5
Rehabilitation time margin	None	1 mn	10 mn	10 mn
Comments	I did not have to define most rehabilitation exercises. Paramedical therapists defined them for me, I executed their exercises.	I had to define by myself most rehabilitation exercises. Put back in usual contact with "real life", I evaluated the rehabilitation I still needed to be autonomous. This period was the toughest of my rehabilitation.	Life on my own in Paris necessitated I entirely regain autonomy. To live in Paris made me realize the extent to which I still needed to improve my speech.	The second phase of "Pure Speech Rehabilitation" is the only rehabilitation I carried out there.

3.2. Sources of replenishment of my *PSYCHOLOGICAL ENERGY* and of de-saturation from rehabilitation

I needed to observe that life is beautiful in order to maintain a good level of psychological energy. In addition, that I "plunge" into rehabilitation work imposed that I sometimes "emerge", that I completely stop thinking about my rehabilitation.

Replenishment of psychological energy, and de-saturation, played a **critical role** in my rehabilitation.
Thankfully, various means enabled both.

Both implied rest from rehabilitation.
However, rest alone was not sufficient to attain them. A definition of each would be :

- Replenishment of psychological energy : pleasure generation through a fulfilling, a captivating, an amusing or simply a soothing experience.

- De-saturation from rehabilitation : practice of an activity that does not entail to think about rehabilitation, and ideally does not even enable this.

I attained them through :

- Sport

  It played the most important role to allow me to carry out my rehabilitation. In October 2004, while I was in the rehabilitation center, I participated in a raid in which a close friend, Julien, had enrolled me. In the end of 2005, I re-ran with him 10 km. In spring 2006, I re-cycled with him the 20 km-mountain bike forest circuit of the raid-training association he presides over. In October 2008, I ran the "Paris 20 km" race.
  More simply, from spring 2007 I ran twice a week from the house of my parents on an 8.5 km course. At the time, I lived in Paris but took the suburban train to their town in Val d'Oise.

- A travel approximately every 6 months

  Notably :

  - **In April 2005, reclimb of the Rio-de-Janeiro Sugarloaf**

    Less than 4 months after I had left the rehabilitation center, and exactly a year after I had relearned to walk, I wanted to redo the climb of the Rio-de-Janeiro Sugarloaf.
    I write "redo the climb", because I had already climbed it in February 2003, 6 months before the accident. I had very good memories of this climb, and wanted to repeat it to prove to myself I was still able to climb this hill.
    For that reason, I contacted Alban, a Franco-Brazilian friend who lived in Rio de Janeiro. He accepted that I sleep at his place. I financed the travel and the stay in Rio de Janeiro thanks to the handicapped person benefits I had saved while in the rehabilitation center.
    I climbed with the same guide as the first time (climbing is usually done by two persons roped for mutual assurance). We climbed through a side route less steep than the first time; then, I had clinbed across the face.

I could to do this climb thanks to :

- A childhood friend who has become a physical therapist, Jérôme.

  In spring 2004, he brought me a hand-rehabilitation ball in the center. When I did not have my right arm in a cast, I used this ball every day for a half-hour.
  Thanks to it, the strength of my right hand tripled between two measures taken in the rehabilitation center; the first one occurred just after my first arm cast was removed and the second one just before I left.

- My sister.

  She very wisely advised me to train to climb before my departure. In consequence, for 2 months prior to leaving, I regained certain technical elements of rock-climbing on the climbing wall of the town gymnasium.

My lack of balance did not have negative influence on my climbing ability. Indeed, pinned against the rock, I was stabilized. However, it made the walk to the start of the climbing route difficult.
Since I had not climbed outdoors since the accident, I had to knock myself a little to reach the summit. So, I slept 14 hours the night after the climb.

This climb, after my accident and in the very incomplete rehabilitation state I was in, motivated me enormously to go on with my rehabilitation.

- **In June 2007, wedding attendance in the Alps leading to meet a high-altitude guide born deaf**

  I went to a town in the North of the Alps for the wedding of two close friends. For the way back, I hitch-hiked to the nearest national train-station. The person who drove the car I rode in was a high-altitude guide. This high-altitude guide was... deaf.
  He was born deaf. Despite his handicap, he had studied all the theory, and done all the practice, necessary for the diploma of high-altitude guide.
  He told me his clients like him much because he looks at them all the time. He does this because he needs to lip-read them.
  I had then recovered a lot, but not sufficiently. I was very impressed by this guide. In spite of his birth handicap, he had managed to conduct the life he had wanted; I had to emulate him and go to the end of my rehabilitation.

  What this man had done with his life was an example : to live fully, he had gone completely beyond his handicap.
  I had to do the same.

- Books, graphic novels and DVD

  In my everyday life, they enabled me to obtain pleasant moments while not thinking about rehabilitation.
  Therefore, they were a very good means to replenish psychological energy and to de-saturate.

- Meetings with friends

  Before a meeting, my psychological energy was often low. Every time, my friends enabled to bring its level back to... 100%.
  Before a meeting, my saturation from rehabilitation was often high. Every time, my friends enabled me to de-saturate significantly.

D. MEANS : OTHERS

My rehabilitation as complete as possible is the result of 3 factors :

1. To have **BEEN GIVEN BY OTHERS THE ABILITY TO REHABILITATE.**
2. To have **HAD THE POSSIBILITY TO DEPEND UPON OTHERS to carry out my rehabilitation.**
3. To have **OPTIMIZED MY REHABILITATION**.

Factor nº3 is nothing but the consequence of factor nº1, and could be achieved only thanks to factor nº2.
I think it is possible for a person to optimize her rehabilitation without needing others as much as I did. However, in regards to myself, I had too important a rehabilitation work not to depend upon them as I did.

What I write in this chapter has to do specifically with rehabilitation. Dependence upon others is evidently more general. However, the optimization of my rehabilitation led me to realize the intensity of this dependence.

1. First, others gave me the ability to rehabilitate

Before any rehabilitation, I had to have a body able to carry it out. An essential prerequisite to my rehabilitation is that my body could leave its initial stage.
This prerequisite was positive for me.

Then, many persons first gave me the ability to rehabilitate, then made possible that I rehabilitate as completely as possible.
Thanks to them, I could :

- medically
- psychologically
- factually

I could medically

Without what the public hospital has done to reconstruct my body, I could not have rehabilitated.

I sincerely thank all the persons who worked on my body.

In particular, I thank the surgeon who sewed my tongue back, cleaned out my mouth and reconstructed my lower jaw. Without the operations she conducted, and the expertise with which she carried them out, I could not have rehabilitated as completely as possible.

In particular, I also thank the surgeon who :

- made my temporary plastic upper and lower dentures
- successively contacted 3 dental surgeons for the preparation of my mouth for artificial teeth
- laid implants in my upper jaw, upon which my artificial teeth rest

In doing so, he allowed me to have teeth and to rehabilitate my speech at best.
Almost equal in importance to his medical achievements, his manner of being made him a role model.

I could medically and psychologically

- I thank **my sister**, to whom I owe my rehabilitation, for 3 elements :

  - She took care of me medically.

    When I had my accident, she was a surgical intern in Lyon (a town in the center of France). As soon as she heard about it, she took an unpaid leave and came to the Paris hospital where I was to coordinate the treatments I received.
    I do not thank her specifically for what she did medically. She probably brought me enormously, but she was only practicing her - very nice - profession.

    I thank her for having taken care of me as she has done, at a time when the need that she does so was critical.

    It is to be noted regarding her that no one in our family works in the medical sector. Her choice of profession is the result of a family medical drama that marked her a lot when she was an adolescent. It led her to decide to do everything she could to fight health hazards.
    Her drive to fight medical problems, and her love for her brother, led her to take care of me.

I am certain she did not ask herself what would be the appropriate action on her part. For her, what she did was what she had to do.

- She took care of me psychologically.

  As soon as I had relearned to walk, she put me up very often in Lyon, during the week-ends of spring and beginning of summer 2004.
  A TGV (high-speed train) brought me on Friday evening from Paris to Lyon. During the travel, I did speech rehabilitation in one of the numerous WC of the train, then did not rehabilitate during the whole week-end. Since my sister was sometimes on hospital duty, we played chess in the staff room of the hospital where she worked.
  Thanks to these "psychological holidays", I felt good the rest of the week.

- She enabled the end of my balance rehabilitation.

  See Your rehabilitation, II.B.1..

- I thank **Ambroise**, to whom I owe my rehabilitation, for 2 elements :

  - He is at the origin of my high-altitude sports practice.
    The latter :
    - ✓ saved my life and gave me a swift rate of recovery after the operations, thanks to the physical shape it had led me to maintain
    - ✓ made me acquire the practice mode necessary to conduct my rehabilitation, and determine my vision of its goal

  - He persuaded me to undergo a reparatory surgery operation.

    Rigorously each time I saw him after my eleventh operation, he spoke about my need for a reparatory surgery operation. Since I was a little tired of operations, I kept refusing. However, he harped on about it with the consistency of a timer; he was very good at selling his idea and finally won me over. The reparatory surgery operation, the last of my operations, took place in October 2005.
    With this operation which hid my scars, Ambroise allowed me to turn over a new leaf after heavy medical interventions. To have done so was of major importance for the final 3 years of my rehabilitation.

I could psychologically

- I thank **Julien**, to whom I owe ALL my rehabilitation.

  The restoration of my ability to move was a prerequisite to all the rest of my rehabilitation. Indeed, I needed to feel well enough in my body to be able to rehabilitate. He enabled me to do that.

- I thank **Amir**, to whom I owe my rehabilitation.

  I stressed how much I owe him in terms of motivation to rehabilitate.

I could factually

- I thank **my parents** and **my brother**, to whom I owe my rehabilitation.

  I heartily thank my Dad. It is in great part thanks to him I managed to carry out a rehabilitation as complete as possible.
  He trusted me. He went on retirement for me, provided shelter for me, and played several times an active role in my rehabilitation.

  I thank **my mom**. Thanks to her, the place were I rehabilitated was pleasant, and I had a logistical help of which I stress the essential role for my rehabilitation.

  I thank **my brother**. He took charge of all procedures with the police that followed my fall, and of the removal of my belongings from the apartment I rented. He visited me at the hospital every evening when I was in a coma. He made an alphabet with enormous letters so I could communicate a little with my visitors when I would regain consciousness (then, I could not read his letters).

2. Second, others made carrying out my rehabilitation possible

I thank:

- Every employee, medical and non-medical, who was in charge of me when I was in the rehabilitation center : the physician specialized in rehabilitation to whom I owe a lot, the neurologist, the physical therapists, the speech therapists, the occupational therapists, the nurses, the auxiliary nurses, the service employees...

- Each of my paramedical therapists out of the rehabilitation center, whose teachings allowed me to rehabilitate.

- My psychiatrist, the appointments with whom played an essential role for my rehabilitation.

- Every one of my close friends, and some of my friends, who participated *DIRECTLY* in my rehabilitation : they enabled me to replenish my psychological energy and to de-saturate.

  They are in particular : Ambroise, François-Régis, Amir, Julien, Cécile and Olivier-Jean, the Father André Manaranche, Isabelle and Tristan, and Yannick.
  They are also : Luc, Augustin, Doan Nhu and Adrien, Alban, Jérôme, Spéciale K and Stefan, Thi Minh, Minh Minh, Anne and Emmanuel, Yvan, Mathieu, Matthieu, Guilhem, Fadwa, Étienne, Nicolas, Olivier, Henri, Christophe, Florence and Frédéric, Réza, Djelloul, Claire, Ann and Donald, Arnaud and Marie-Ange, Éléonore, Charlie.

  They did not serve any personal interest. They did not do what they did for themselves. They did it for me.

- Finally, certain Christians.

  The psychological help I received from them was essential.
  It is not because they are Christians that they gave me what I received from them; it is because they are Christians as they are.

3. My rehabilitation is the product of the French healthcare financing system, NATIONAL MUTUALIZATION, and of the expertise of the medical and paramedical professionals of France

3.1. Healthcare financing

I could rehabilitate because the French healthcare financing system allowed me to do so. I initially was very ill at ease to cost the State as much as I did. Thanks to the 100% coverage by the national health insurance system of the health costs caused by lesions from serious accidents, I freely benefited from healthcare services neither I, nor my family, could have paid.

Then, I understood I benefited from the system of healthcare costs mutualization of France, which applies to all citizens of the country.
Without this financing principle, I would be dead, I would not have had my body reconstructed, I would not have rehabilitated.

The passage above is not a claim for the maintenance as it is of the French healthcare financing system. Such a claim would be wholly inadequate : the financing of the French healthcare must evolve according to the economic environment.
This passage is just an acknowledgement of what I owe to the French healthcare financing system : everything.

3.2. Healthcare professionals

I think few countries have medical and paramedical professionals of a high-enough level, and who cover a vast enough spectrum, to do what these professionals have done for me in France.

E. END : A HIKE IN THE MOUNTAIN

My rehabilitation ended on February 19th 2009. The next day, I took a one-week holiday, a hike in the Pyrenees (the Pyrenees is a mountain range between Spain and France). I was for this hike with 2 members of the "Génération raids" association and a middle-mountain guide.
Julien, president of the association, had allowed all my rehabilitation. One of the 2 persons from "Génération raids" was Étienne, a close friend then treasurer of the association : I had in a way come full circle.
The hike may be described as such :

- in middle mountain (1 500 - 2 000 meters)
- off footpaths
- in snowshoes
- in complete autonomy (the only food we ate was what we transported; water was made by making snow melt in a metal container over the stove; sleeping was in non-heated shepherd huts).

The landscape was beautiful, and we were alone.

This hike caused me 2 unexpected problems :

- Sore heels : walking is difficult for me without adapted soles. In consequence, a foot doctor made orthopedic soles, with which I can do almost everything on my feet.
  However, during this hike I discovered I could not do what it entailed without encountering physical difficulties : to carry 6-8 hours a day a 15-20 kilogram backpack. This activity made my heels a little sore.

- Insufficient balance : keeping my balance was sometimes difficult; this was because the hike was off footpaths in sometimes powdery snow, in snowshoes, with a heavy rucksack, and occasionally on very clearly marked slants or slopes.

I did not expect such problems :

- Heels : I do not feel pain to my heels when I walk or run.
- Balance : I had had an outgoing equilibrium check-up of 100%. I thought my one-month continuation afterward of rehabilitation exercises had allowed me to reach very good balance.

I understood then I will be affected all my life by minor health problems resulting from my initial physical lesions.
What had happened to my body is, as I write in chapter B, a large « tear in the long fabric of my life ». I had ingenuously thought I could, through work, make this tear completely disappear. On this occasion, I discovered I could not. My rehabilitation is a mending of the fabric of my life. Like any mended fabric, my body presents stitches.

I "regained" myself, but I am not exactly the one I was.
However, I made stitches fine enough not to appear under ordinary circumstances.

F. RESULT : A REHABILITATION AS COMPLETE AS POSSIBLE... WHICH IS A COMPLETE REHABILITATION

1. Positive medical and paramedical comments

- In October 2007, the surgeon who operated on my mouth (tongue, teeth, jaw bone) told an intern who was with her, during a check-up appointment : **"He was completely broken everywhere, and does not show a trace of it any more"**.
- In January 2004, the head physical therapist of the rehabilitation center came to see me in the main physical therapy room, while I was doing exercises to relearn to walk. She told me **: "According to your medical file, you cannot walk any more"**.
- In December 2008, Speech therapist II told me, during an appointment about the rehabilitation elements I was receiving from Speech therapist III : **"I did not think you would reach this speech level"**.
  Since then, my speech improved much.
- I received positive medical comments from several physicians. Since as a professional habit physicians are little prone to making such comments, theirs probably denoted a favorable professional advice regarding the evolution of my physical state.

However, I did not go beyond any medical diagnosis or paramedical judgment :

- Before I relearned to walk, no physician told me of an impossibility to walk.
- After the middle of 2007, my Speech therapist II always told me I spoke well - from his viewpoint as a speech therapist, who at the beginning had trouble comprehending me.

Thus, walk and speech rehabilitations were not impossible, and I had to want to reconquer these physical functions.

The above comments nevertheless reflect some surprise regarding my rehabilitation.

From it, I derive the following : if a person who needs to rehabilitate cannot do so if a physician judges it impossible, I fundamentally believe that she can rehabilitate beyond what a physician considers possible.

She has to WANT to rehabilitate.

2. I have regained an ordinary appearance

- **Nothing in my appearance reveals I had an accident**

  The reparatory surgery operation on my face and throat erased the chin scar, hid the throat scars, and made the tracheotomy scar disappear.

- **Nothing in my intellect betrays I had an accident.**

  I regained all my reasoning and my memory.

Very minor consequences from the accident exist, but they do not show if I take a little care. The most important one is that the state of my mouth makes difficult or hazardous to eat certain foods. These are for instance grains of rice which stick to my denture, or caramels, the chewing of which is not recommended for my artificial teeth.
I never speak of these very minor consequences. They are a small price to pay for having carried out my rehabilitation.

At the beginning of this book, I write I did not want to remain a handicapped person.
This willingness has driven all my rehabilitation.
If I still wanted that, I would be condemned to failure : I realized that the accident irrevocably made me a handicapped person, and it is a handicapped person who writes these lines.

But, thanks to my rehabilitation, I am now an **undetectable handicapped person**.

3. I never again want to talk about my rehabilitation and this guide that proceeds from it

I NEVER AGAIN want to talk about my rehabilitation. I NEVER AGAIN want to think about it (except of course if I can help); I have moved on.

The chief reason is that, if my rehabilitation is mine, it does not belong to me. It is the one others enabled me to do.

Fundamental reasons are :

- I do not have a single pleasant memory of it.
- I spent it all without knowing whether I would live again.
- I KNOW I could not have conducted it.
- I KNOW the accident could have severed the fabric of my life.

An essential reason is that to talk at length about my +/- 47 broken bones, my multiple medical patch-ups or my years of monologue would be :

- for my family and friends, perhaps not the surest way to have them in stitches
- for my employer, my colleagues and my clients, maybe not the behavior bringing the most huge salary increase, the most cordial work relationships, or the largest order
- for my possible conquests, probably not the most judicious way to make my wild romanticism sparkle

Rehabilitation is over; it must not be talked about. This rule is essential.

Really living the new life segment demands that I do not think about rehabilitation; not to think about it compels me not to talk about it.

The last reason is that I do not want to live with the identity of "a guy who rehabilitated as completely as possible".
First, because other persons than myself certainly rehabilitated as completely as possible, but do not tell about it. Hence, a person who adopts such an identity would be mildly ridiculous. Second, because soon numerous other persons who rehabilitated as completely as possible will appear. They will make someone who has adopted this identity appear very old-fashioned.

Strange way not to talk about my rehabilitation, to conduct the OYR! project !
In fact, it is not strange at all :

1. **It must be conducted. My rehabilitation led me to :**

   - **Define the "why ?" of rehabilitation.**
   - **Develop elements that expose the "how ?" of a general rehabilitation and of certain specific rehabilitations**.

   These pieces of data could be helpful to others. The OYR! project therefore aims at presenting them as explicitly as possible, without me having to talk about them.

2. **Writing** demands I be much more attentive to the message I wish to transmit than speaking would allow me to be.

3. **The field of readers** of a guide is incomparably greater than the sum of individual encounters would be. Therefore, I wrote in French Books 1 and 2 of the rehabilitation guide, then translated them into English.
   Since all persons who want to rehabilitate will not have a physical version of the guide, I created a website where it can be downloaded.

Conclusion : I am beginning a new life segment

After my rehabilitation, I went on holiday in the Pyrenees. During it, my resolution to execute the OYR! project grew. My holiday ended on March 2nd 2009.
The day after I began to structure the books of the OYR! guide, then to write them in French, and I finished writing them at the end of April. Next, I produced their graphs, tables and schemes for 3 weeks, did all the formatting tasks for a month, and my personal proofreading and editing for 10 days. From the end of June, I transmitted them to proofreaders, medical or paramedical readers and readers prior to their online disposal. I modified the text according to their corrections and remarks, translated it in English, and created the OYR! website. Last, I worked on the part of the website relative to speech rehabilitation following dysarthria. I put it online on December 17th.

A company will probably understand I had to rehabilitate, and needed a long time to do so owing to my initial physical problems.
The only negative impact of the accident regarding my professional skills is the loss of habits linked to working for another "company" than myself. I was not naive; I am much less naive now than before the accident, but I have become a "corporate newborn". In a company, I will therefore have to start again, near the bottom of the corporate ladder.
The result of my rehabilitation is I can do it.
I celebrated my 34th birthday last summer.

I rehabilitated in complete uncertainty for 5 years, as well and as much as I could, to live a new life segment.

GM

September 4th 2010

This addendum because I just achieved PROOF of what I wrote (which without it might appear like the ravings of a lunatic), "I am beginning a new life segment".

On September 2nd I again climbed the Mont Blanc, through a more complete route than the first time. Indeed, for this climb I accomplished the traversée (*Eng. : crossing*) of the massif. The itinerary went from a refuge near the Aiguille du Midi to the Mont Blanc, then from the Mont Blanc to the Refuge du Goûter. The picture overleaf presents different routes and my ascents :

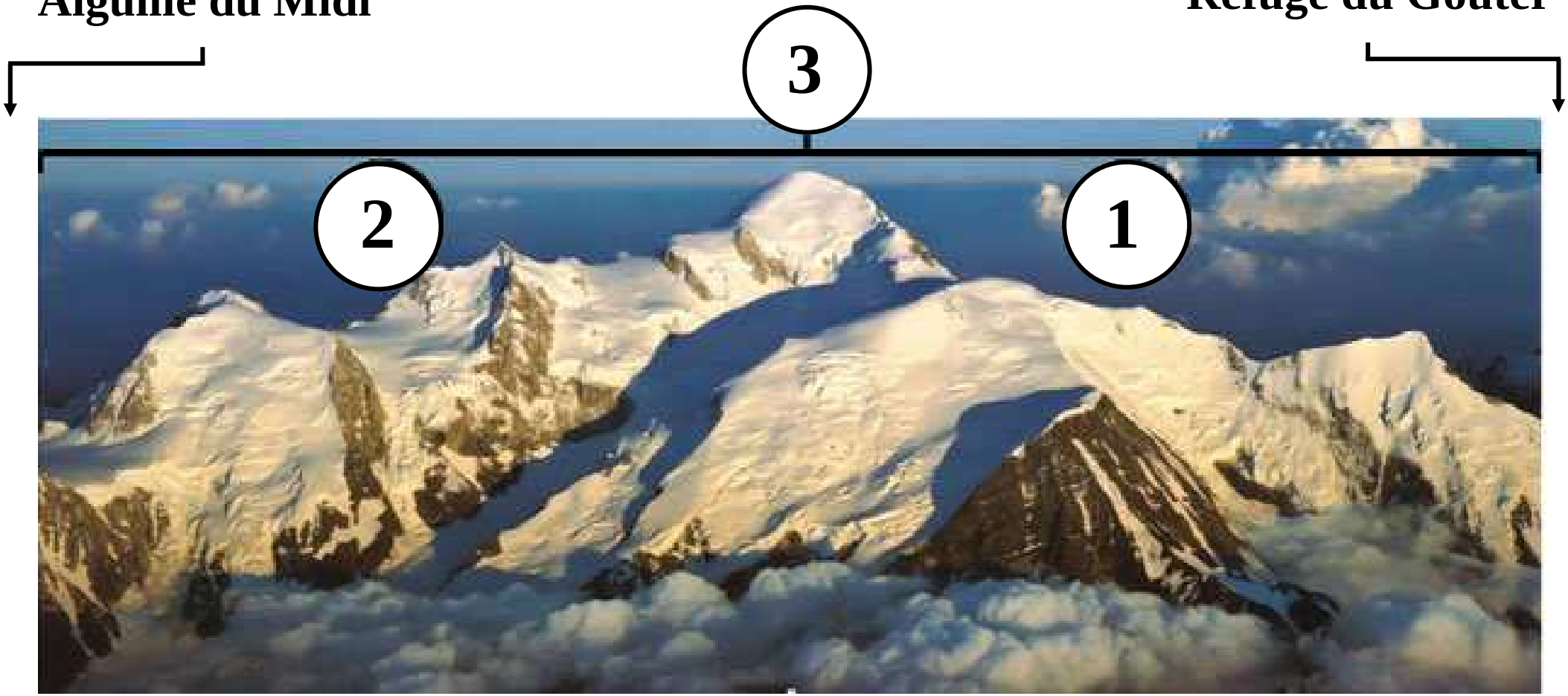
Routes :

1. "Normal" route
2. "Des 3 monts" route
3. Traversée (*Eng. : crossing*)

My ascents :

- August 1999 : 1
- September 2010 : 3

Mont Blanc



My friend Julien accompanied me for the pre-ascent hike. Without him, I would not have managed to train for the climb as well as he had me do.

Julien and me

The high-mountain guide Tony Sbalbi led me for the ascent. Without him, I would not have managed to do it. He was also an excellent mountaineering partner.

Tony and me

I paid for the climb thanks to a loan from a friend; it was conditional on a duty to perform ☺. Since I will find a job this fall, I will henceforward be able to hire a guide without a loan !

Finally, here is an official testimony of my ascent :

Certificat d'ascension du Mont-Blanc

Le président de la Compagnie des Guides de Chamonix certifie que M^r Gérard Marie Vuillemin

a fait avec succès l'ascension du Mont-Blanc accompagné de Tony Sbalbi, guide

Le présent certificat est délivré sur le témoignage du guide

Chamonix Mont-Blanc, France le jeudi 02 septembre 2010

Le Président de la Compagnie des Guides

Translation :

“Mont Blanc climbing certificate”

The president of the Compagnie des Guide de Chamonix testifies that Mr. Gérard-Marie Vuillemin

successfully climbed the Mont Blanc, accompanied by Tony Sbalbi, guide.

This certificate is delivered upon the guide’s testimony.

Chamonix Mont Blanc, France, Thursday, September 2nd 2010.

The president of the Compagnie des Guides.”

I no longer feel as a handicapped person.
I rehabilitated during a period of 5 years. Statistically speaking, I still have 45 years to live. I intend to live them well.
To accomplish this, rehabilitation as complete as possible was necessary.

Summary of its impact on the quality of my life :

BEFORE	***REHAB***	**AFTER**
• Living ability : *very low* • Autonomy : *absent*	**AUTONOMOUS REHABILITATION PARENTHESIS**	• Living ability : **VERY HIGH** • Autonomy : **COMPLETE**
Unsatisfactory or nil : 1. Any physical activity; I was in a wheelchair 2. Communication 3. Writing 4. Thinking		- **I am walking again the course of my life.** **I will try to have a family (the tough job begins ☺).** - Mt Blanc climb : I can do almost any sport. - Recruitment under way with several very able companies : I will have an interesting job.

COURSE OF MY LIFE

Comment :

My rehabilitation was an indispensable parenthesis to walk the course of my life again.
In a similar way, your rehabilitation is the means to walk the course of your life again.
Therefore, it must be optimized.

My rehabilitation was tough; I would lie not to admit it.
But it worked. Beyond my dreams.

Full rehabilitation ➔ New life segment.

So, come on, get to work !

I wish you the best.

APPENDICES

Appendix A - I needed an optimized rehabilitation

1. Outgoing medical checkup of the rehabilitation center

[redacted]

SERVICE REEDUCATION NEUROLOGIQUE

[redacted]

Médecins

[redacted]

Assistance Sociale

[redacted]

Infirmier Surveillant

[redacted]

Secrétaire Médicales

Hospitalisation : [redacted]

Hôpital de jour : [redacted]

BILAN DE SORTIE DU 22.12.2004

Dr [redacted]

Mr VUILLEMIN Gérard

A 16 mois du très grave traumatisme crânio-facial, compliqué de dissection de l'artère vertébrale droite avec accident ischémique dans le territoire vertébro-basilaire (pédoncule cérébral gauche, hémisphère cérébelleux droit mais aussi hémisphère cérébelleux gauche cortex occipital et thalamus droit).

1 Persistance d'un **syndrome cérébelleux** droit, très modéré qui ne s'extériorise que dans l'écriture par un fin tremblement et dans la course avec changement de direction par une certaine instabilité.

2 Sur le plan stomatologique, a été opéré de la pseudarthrose de la mandibule, est appareillé, des implants sont prévus. Les interventions débuteront en Janvier 2005.

La dysarthrie neurologique et orthopédique a bien progressé, comme en témoigne le bilan de Monsieur CHENIVEZ. Monsieur VUILLEMIN continuera bien sur la rééducation .

Le bilan a montré également quelques troubles attentionnels en particulier en attention soutenue qui seront pris en charge en rééducation.

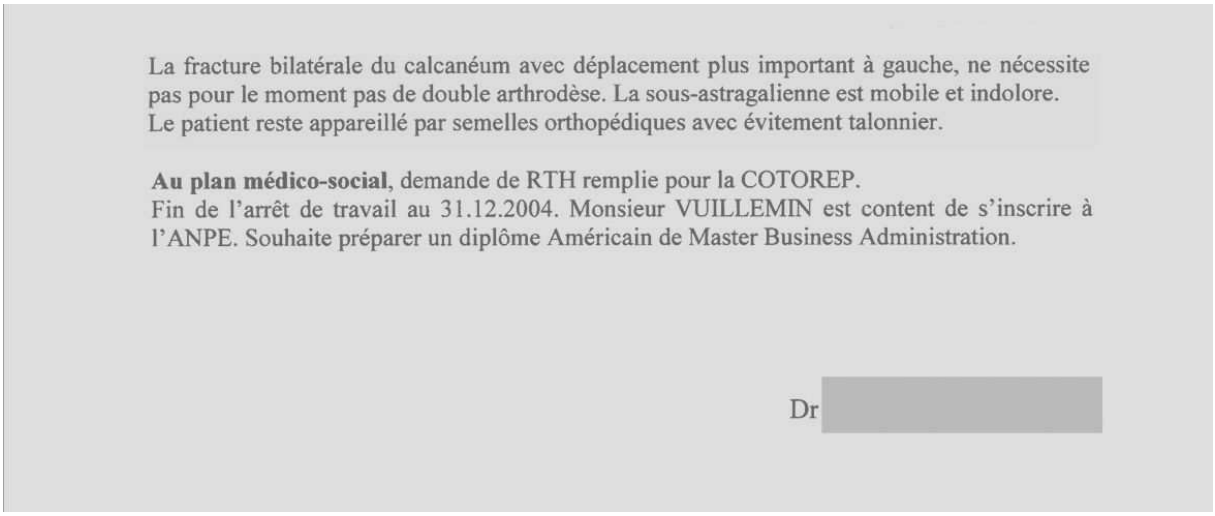
Sur le plan visuel, le déficit central devra être réévalué par le Docteur MILEA début 2005. la correction par lentille de contact est encore insufisante.

Sur le plan orthopédique, le poignet droit reste limité, flexion dorsale 0, flexion palmaire 20°, mais stable et indolore dans les suites de l'arthrodèse des 4 os du carpe, réalisé par le Docteur CONSO au mois de Juin 2004.

Monsieur V. a été revu en consultation d'orthopédie à la Pitié. Pour le moment il n'y a pas d'indication à l'ablation du clou de fémur droit. Les suites de la ménisectomie interne droite sont satisfaisantes.

[redacted]

VUILLEMIN Gérard
Né le 13.06.75



La fracture bilatérale du calcanéum avec déplacement plus important à gauche, ne nécessite pas pour le moment pas de double arthrodèse. La sous-astragalienne est mobile et indolore. Le patient reste appareillé par semelles orthopédiques avec évitement talonnier.

Au plan médico-social, demande de RTH remplie pour la COTOREP.
Fin de l'arrêt de travail au 31.12.2004. Monsieur VUILLEMIN est content de s'inscrire à l'ANPE. Souhaite préparer un diplôme Américain de Master Business Administration.

Dr

Translation of the highlighted parts, and comments

1. "*Persistence of a very moderate syndrome to the right of the cerebellum. This shows only in writing through a light trembling of the hand and in race with direction changes by a certain instability.*" :

    - My writing was bad.
    - I could not run, just jog slowly. Regarding instability, it was major.

    My remarks are not at all against the physician who was in charge of me, or they would testify of a gross ungratefulness on my part.
    They very well reflect the extent to which the rehabilitation center was a cocoon outside "real life".

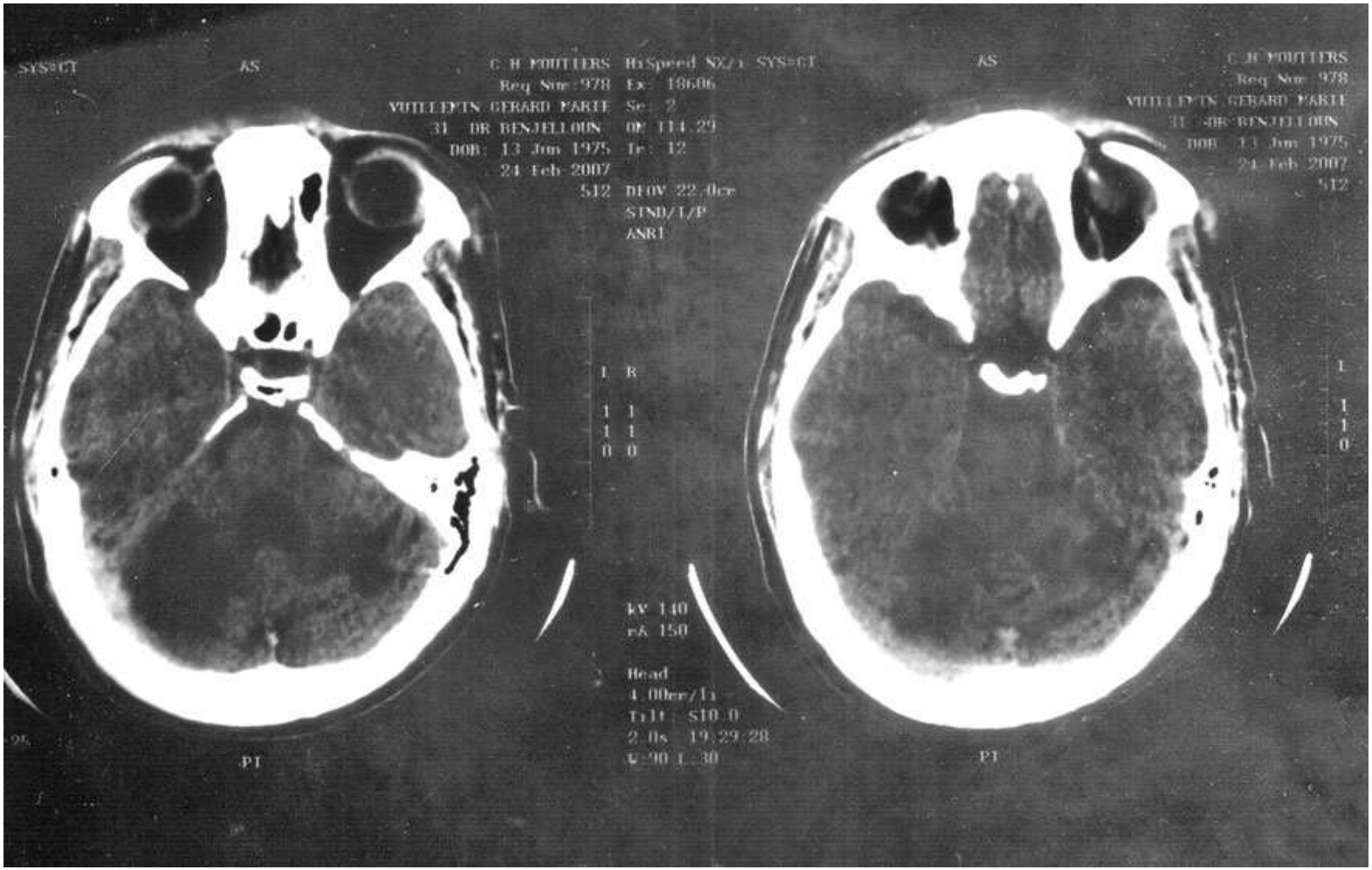
2. *"[...] implants are anticipated. Operations will begin in January 2005."* :

    The surgeons who were to do the implants were much less positive. I finally had implants in May 2005, only in the upper jaw. I had artificial teeth over those implants in May 2007.
    This time-lag is due to :

    - The complex work in my mouth that a surgeon from the stomatology (face surgery) department of La Pitié-Salpétrière hospital had to perform, before the implants could be laid.
    - The search, over the period of a semester, for a dental surgeon who would accept to put implants in my mouth (several declined to do so owing to the complexity of my medical case).

- The latency period of several months required after the implant operation. It was needed for the consolidation of implants within the bone of the lower jaw.
- The extensive dental work in my upper jaw that the dental surgeon who was in charge of me had to carry out, before he could install the artificial teeth.

2. Brain M.R.I.



Comments

- The dark parts are dead neurons.
- The cerebellum does not appear, because it is located under the brain hemispheres.

3. Medical comment on brain M.R.I.

[redacted], le jeudi 11 décembre 2003

Examen N° / 2003-009843

Examen de Mr VUILLEMIN GERARD
Né(e) le 13/06/1975 (28 ans)

Demandé par le Dr [redacted]

Examen en résonance magnétique encéphalique

1 **Indications :**

Antécédent de polytraumatisme par défénestration.
Séquelles d'AVC thalamique cérébelleux.
Baisse de l'acuité visuelle d'origine centrale.

Technique :

Séquence sagittale en écho de spin T1.
Séquence axiale en écho de spin T2, deux échos.
Séquence coronale FLAIR.

2 **Résultats :**

Charnière cervico-occipitale normale.
Intégrité du cordon médullaire.

Lacune ischémique du pédoncule cérébral gauche.
Pas de lésion focalisée évidente des corps genouillés.
Large séquelle d'ischémie de l'hémisphère cérébelleux droit, dont une lésion plus focalisée du vermis à droite, de l'hémisphère cérébelleux gauche et occipital bilatéral.
Lacune ischémique thalamique droite.

Structures médianes en place.
Morphologie normale du système ventriculaire.
Pas de collection extra-cérébrale.

3 ***EN CONCLUSION :***

Séquelles ischémiques du pédoncule cérébral gauche, de l'hémisphère cérébelleux droit et à un moindre degré du gauche, du vermis, des deux lobes occipitaux, du thalamus à droite.

Pas de lésion évidente des corps genouillés.

Docteur [redacted]

Translation of the highlighted parts

1. Indications

- Defenestration polytraumatism antecedent
- Thalamic cerebellar CVA sequels
- Lowered *d'origine centrale* visual acuity

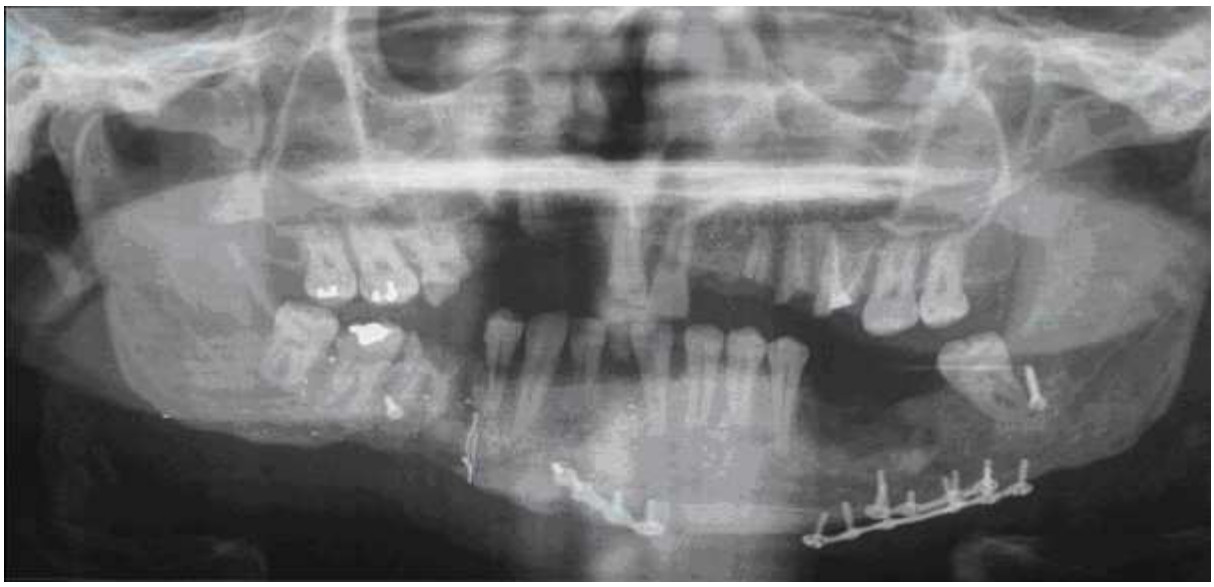
2. Observations

- Ischemic *lacune* of the left cerebral peduncle
- No clear lesion of the *corps genouilllés*
- Clear ischemic lesion of the right brain hemisphere, including a more clearly localized lesion of the *vermis* on the right, of the left brain hemisphere and of the *occipital bilateral*.

3. Conclusion

Ischemic sequels of the left brain peduncle, of the right brain hemisphere and of the left one to a lesser degree, of the *vermis*, of both occipital lobes and of the thalamus on the right.

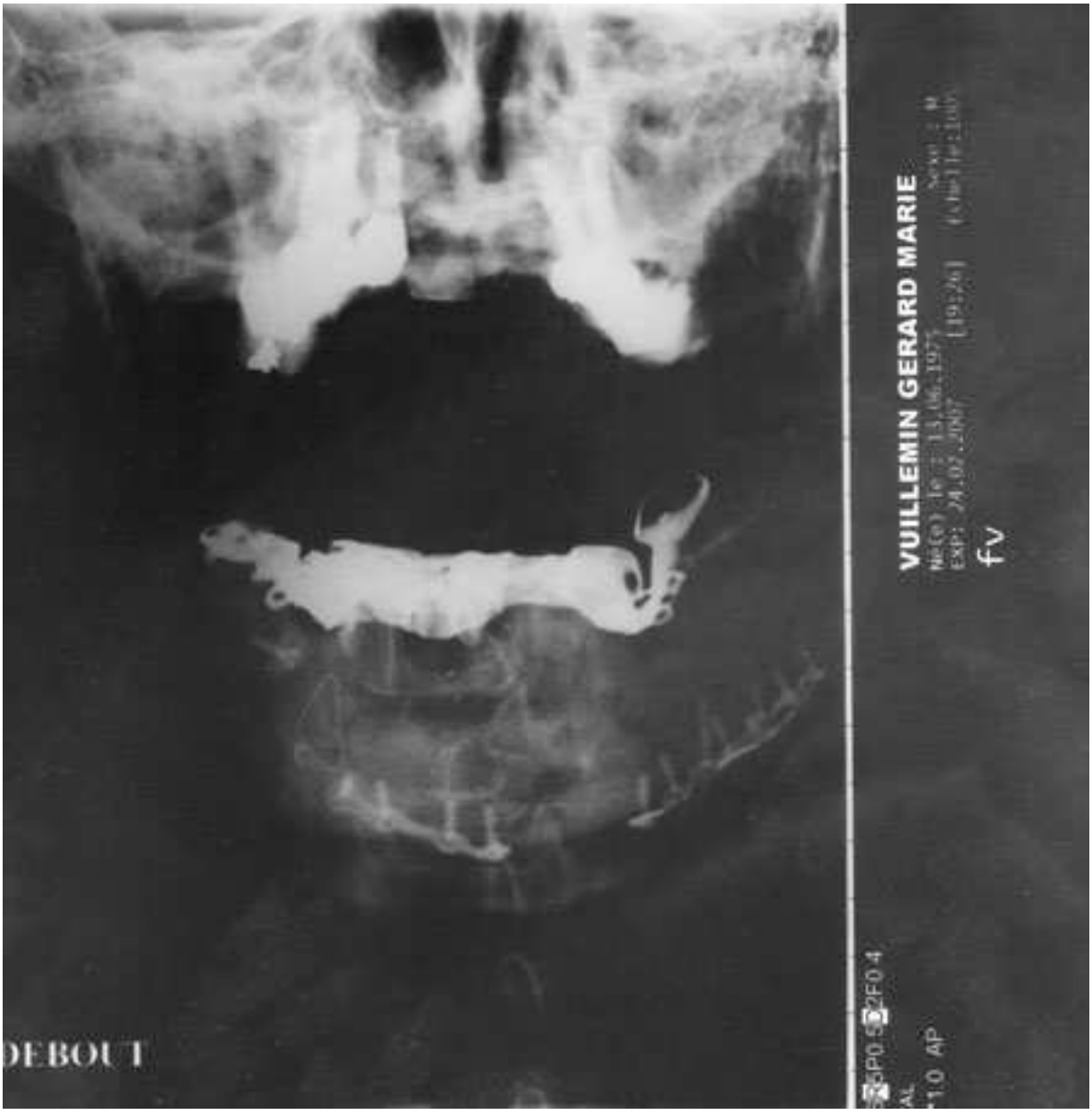
4. X-ray image of jaws after their first operation



Comments

- This first operation to the jaws cleared out the teeth that had been broken in my mouth and reconstructed the lower jaw.
- The surgical wire and the screws reveal the expertise and the extent of the surgical work.

5. X-ray image of jaws after their last operation, the implant of artificial teeth and the manufacturing of a denture

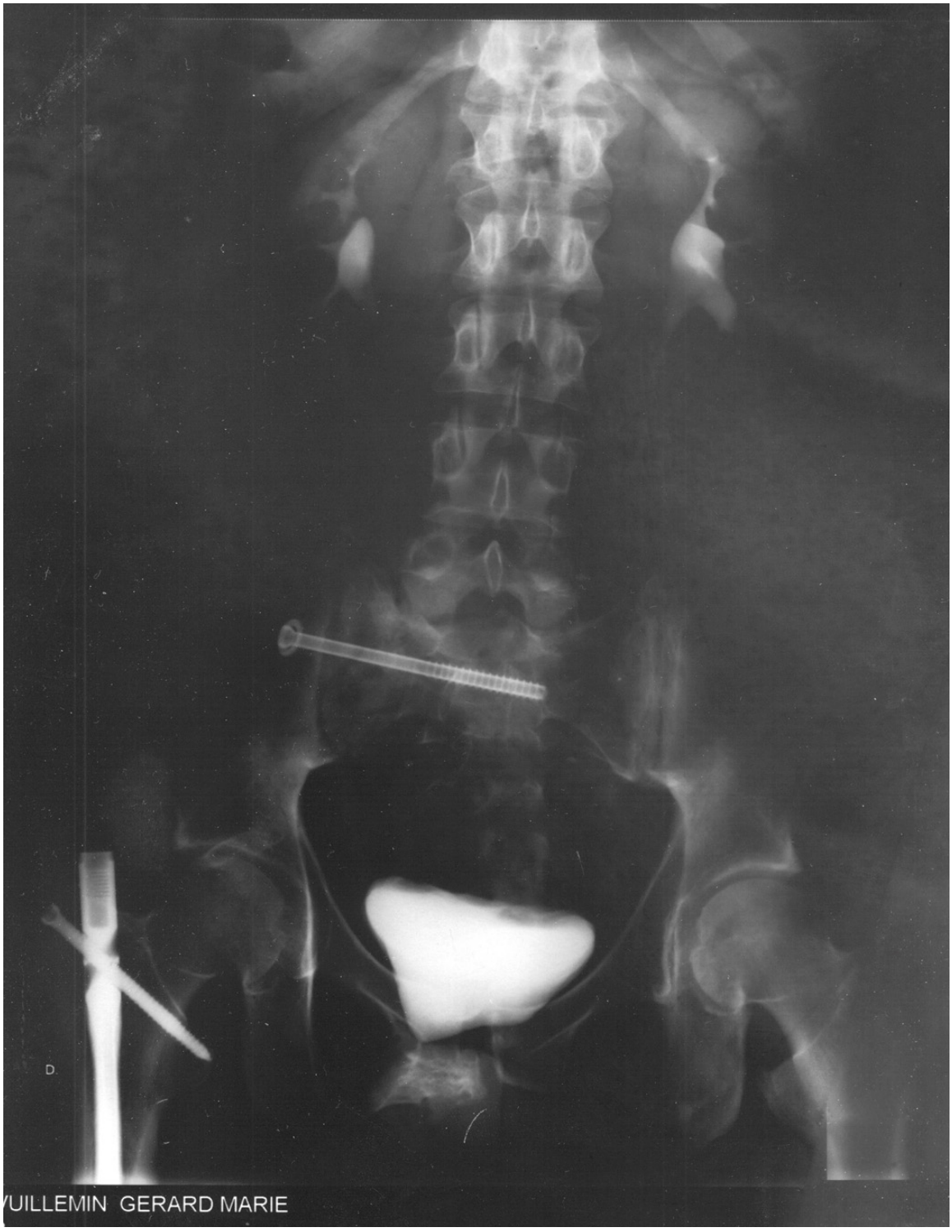


Comments

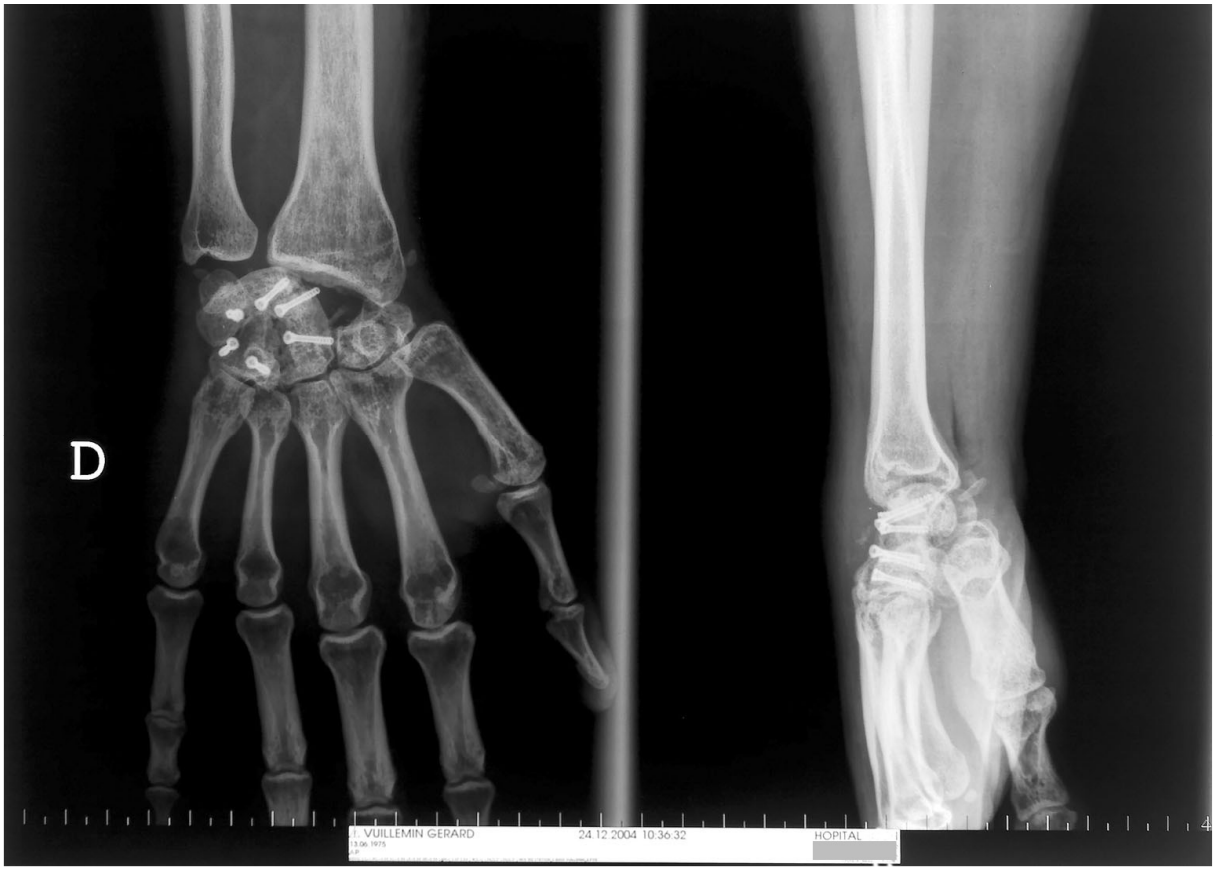
All non-organic elements appear in white on the X-ray :

- in the upper jaw, artificial teeth
- on the lower jaw, my denture (the upturned C, to the right and at the back, is an extremity of the denture around the lower left molar most in the back.)

6. X-ray image of pelvis and thigh bone



7. X-ray image of right wrist after its third operation

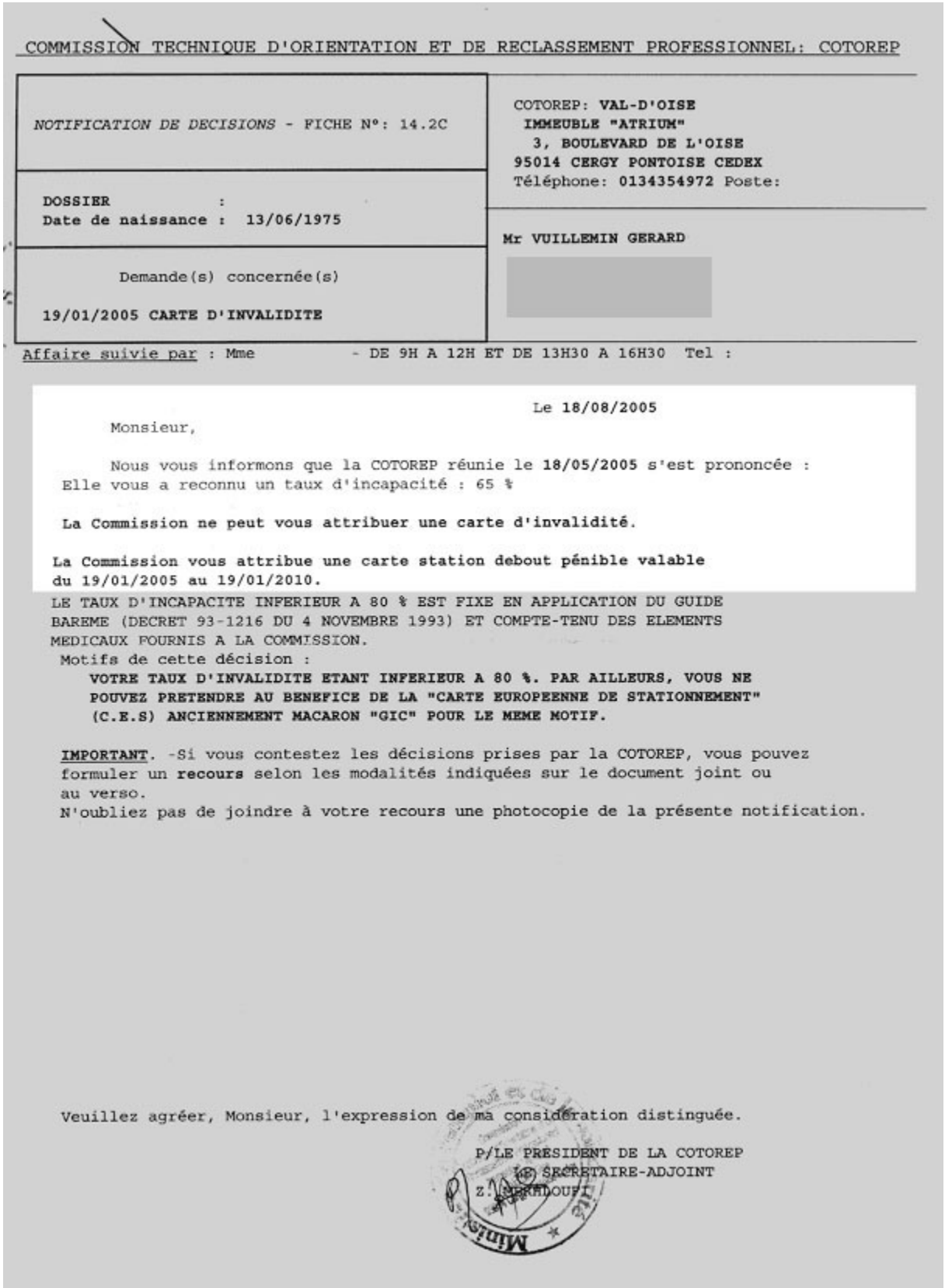


Comments

- My fall destroyed a cartilage of the right wrist. Its absence resulted in hand-movement problems.
  So, I had to be operated to be able to use my hand. Since this third and last operation to the wrist, a small circular prosthesis in carbon fiber maintains together several of its bones.
- The carbon prosthesis does not appear on the X-ray, but it is held by screws. These are very visible, and draw a kind of small sun that surrounds it.
- Thanks to this prosthesis, I can do everything with the right hand. My current handwriting problems are due to my damaged cerebellum.

Appendix B - I am a handicapped person

1. COTOREP (French agency for handicapped persons) grant of my handicapped person statute



COMMISSION TECHNIQUE D'ORIENTATION ET DE RECLASSEMENT PROFESSIONNEL: COTOREP

NOTIFICATION DE DECISIONS - FICHE N°: 14.2C

COTOREP: **VAL-D'OISE**
IMMEUBLE "ATRIUM"
3, BOULEVARD DE L'OISE
95014 CERGY PONTOISE CEDEX
Téléphone: **0134354972** Poste:

DOSSIER :
Date de naissance : 13/06/1975

Mr VUILLEMIN GERARD

Demande(s) concernée(s)

19/01/2005 CARTE D'INVALIDITE

Affaire suivie par : Mme - DE 9H A 12H ET DE 13H30 A 16H30 Tel :

Le **18/08/2005**

Monsieur,

Nous vous informons que la COTOREP réunie le **18/05/2005** s'est prononcée :
Elle vous a reconnu un taux d'incapacité : 65 %

La Commission ne peut vous attribuer une carte d'invalidité.

La Commission vous attribue une carte station debout pénible valable du 19/01/2005 au 19/01/2010.

LE TAUX D'INCAPACITE INFERIEUR A 80 % EST FIXE EN APPLICATION DU GUIDE BAREME (DECRET 93-1216 DU 4 NOVEMBRE 1993) ET COMPTE-TENU DES ELEMENTS MEDICAUX FOURNIS A LA COMMISSION.

Motifs de cette décision :
VOTRE TAUX D'INVALIDITE ETANT INFERIEUR A 80 %. PAR AILLEURS, VOUS NE POUVEZ PRETENDRE AU BENEFICE DE LA "CARTE EUROPEENNE DE STATIONNEMENT" (C.E.S) ANCIENNEMENT MACARON "GIC" POUR LE MEME MOTIF.

IMPORTANT. -Si vous contestez les décisions prises par la COTOREP, vous pouvez formuler un **recours** selon les modalités indiquées sur le document joint ou au verso.
N'oubliez pas de joindre à votre recours une photocopie de la présente notification.

Veuillez agréer, Monsieur, l'expression de ma considération distinguée.

P/LE PRESIDENT DE LA COTOREP
LE SECRETAIRE-ADJOINT
Z. [illegible]

<u>Translation of the highlighted part</u> :

08/18/2005

Dear Sir,

We inform you of the decision taken on 05/18/2005 by the COTOREP commission. It granted you a handicap rate of : 65%.

The commission cannot deliver you an invalidity card.

The commission delivers you a “Standing upright difficult” card, valid from 01/19/2005 to 01/19/2010.

2. “Standing upright difficult” card

3. COTOREP grant of my handicapped worker statute

COMMISSION TECHNIQUE D'ORIENTATION ET DE RECLASSEMENT PROFESSIONNEL: COTOREP

FICHE N°: 12.1

NOTIFICATION DE DECISIONS

COTOREP: **VAL-D'OISE**
IMMEUBLE "ATRIUM"
3, BOULEVARD DE L'OISE
95014 CERGY PONTOISE CEDEX
Téléphone: **0134354972** Poste:

DOSSIER: 2500945

Date de naissance: **13/06/1975**

N.insee: 1750678551107 35

Demande(s) concernée(s)
19/01/2005 RECONNAIS. TRAVAILLEUR HANDIC.

Mr VUILLEMIN GERARD

[redacted]

Affaire suivie par : Mme HENNERON - DE 9H A 12H ET DE 13H30 A 16H30
Tel : 0134354956

Le 18/08/2005

Monsieur,

Nous vous informons que la COTOREP réunie le **18/05/2005** , s'est prononcée:
Conformément aux articles L 323.12 et R 323.32 du Code du Travail,
elle vous a reconnu la qualité de travailleur handicapé, classé en catégorie B du 19/01/2005 au 19/01/2010.

Motifs de cette décision:
DECISION PRISE SUITE A L'ETUDE DE VOTRE DOSSIER MEDICAL ET ADMINISTRATIF. LES 3 CATEGORIES (A-B-C) DE LA RTH ONT POUR SEUL BUT DE VOUS AIDER DANS VOS DEMARCHES PROFESSIONNELLES. ELLES N'ONT AUCUN RAPPORT AVEC LES CATEGORIES (1E-2E-3E) DE LA PENSION D'INVALIDITE DE LA S.S.. LA RTH NE PROCURE AUCUNE PRESTATION FINANCIERE ET N'EST ASSUJETTIE A AUCUN POURCENTAGE D'INVALIDITE.

Pour de plus amples informations, le secrétariat de la COTOREP est à votre disposition.

IMPORTANT. -Si vous contestez les décisions prises par la COTOREP, vous pouvez formuler un **recours** selon les modalités indiquées sur le document joint ou au verso.
N'oubliez pas de joindre à votre recours une photocopie de la présente notification.

Veuillez agréer, Monsieur, l'expression de ma considération distinguée.

P/LE PRESIDENT DE LA COTOREP
LE SECRETAIRE
M. CELERIER

Translation of the highlighted part

08/18/2005

Dear Sir,

We inform you of the decision taken on 05/18/2005 by the COTOREP commission :
In accordance with the L 323.12 and R 323.32 articles of the labor legislation code, it granted you the statute of handicapped worker of category B, from 01/19/2005 to 01/19/2010.

Appendix C - Reports of the success of some specific rehabilitations

1. Paramedical certificate of my Speech therapist II

[redacted]
ORTHOPHONISTE

D.U. de Neuropsychologie
Diplômé Faculté de Médecine de Paris
Membre de la Société de Neuropsychologie
de Langue Française

[redacted]

[redacted] le : 08-12-2007

A l'attention de :

Monsieur G-M VUILLEMIN

Cher Monsieur,

A l'occasion de notre dernière séance de rééducation, je vous en rappelle l'indication.

Cette rééducation a été menée suite à un traumatisme crânien grave survenu le 18-08-2003, provoqué par une chute du 4ème étage d'un immeuble, responsable d'un polytraumatisme avec fracture de la mâchoire et de la face, déchirure de la langue et traumatisme cervical, hypertension intra-crânienne, dissection de l'artère vertébrale et accident vasculaire ischémique dans les territoires du cervelet.

Coma :12 jours ; Glasgow initial :10

Au scanner du 18-11-03 apparaissaient des lésions du territoire cérébelleux supérieur droit, de degré moindre à gauche, et des lésions thalamiques prédominantes à gauche, avec retentissement sur la parole.

Ainsi le mode conversationnel était-il monotone, avec un débit réduit.

Du fait de la faible ouverture de la mâchoire et des mouvements de la langue limités par un bourgeon cicatriciel, l'articulation des groupes de consonnes était simplifiée, et la réalisation des voyelles était imprécise.

La parole provoquait une fatigue articulatoire par contraction excessive des muscles recrutés, et une déperdition nasale entamait son intelligibilité.

Grâce à l'énorme travail personnel fourni et aux 130 séances de rééducation réparties sur 44 mois, cette prise en charge peut être interrompue à ce terme.

Remis à l'intéressé ce jour, pour faire valoir ce que de droit.

[redacted]

Translation of the paramedical certificate

08/12/2007

For this last speechwork session, I give a brief description of the circumstances which rendered rehabilitation necessary.

Rehabilitation was made necessary by a serious cranium trauma, which resulted from the patient's fall from the 4th floor of a building on 08/18/2003.
The consequences of this fall were:

- polytraumatism with maxillofacial fracture
- shearing of the tongue
- cervical trauma
- intracranial hypertension
- dissection of the vertebral artery
- ischemic vascular accident in the brain

Coma : 12 days. Initial Glasgow : 10 days.

The brain scan performed on November 18th 2003 showed lesions on the upper right part of the brain and lesions of lesser importance on the left part. The left part also showed thalamic lesions, which affected speech.

The speech mode was unitonal, and speech speed was low.

The weak opening of the jaw and limited tongue movements (due to a scar residue) resulted in simplified articulation of groups of consonants and inaccurate voicing of vowels.

Speech, which required an excessive muscle contraction, caused articulatory fatigue; nasal air loss made speech difficult to understand.

Owing to the enormous personal work provided by the patient, and to 130 speechwork sessions over 44 months, rehabilitation may now be put to an end.

To whom it may concern,

Comment

The number of speechwork months with him is 34 according to me, not the 44 the certificate mentions.

2 a) Vestibular physical therapy - Facsimile of incoming checkup

REEDUCATEUR VESTIBULAIRE
VERTIGES - INSTABILITE

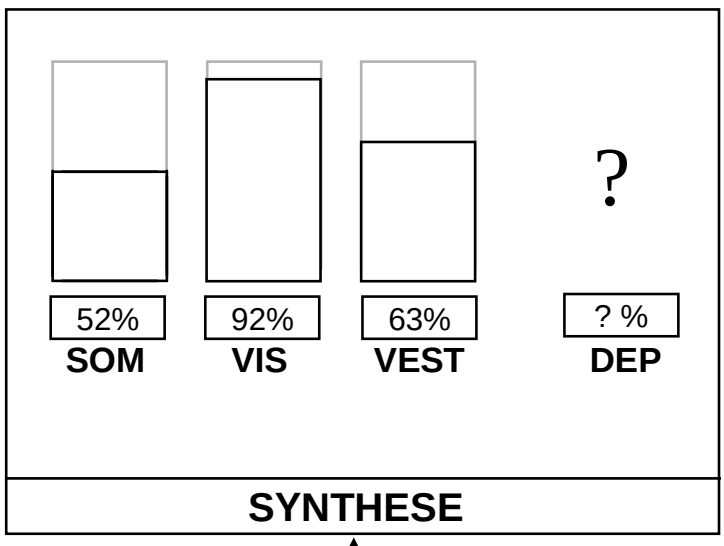
← *Vestibular rehabilitator*
(physical therapist specialized in balance problems)
Dizziness - Instability

Mr/Mme VUILLEMIN GERARD-MARIE

Séance du : 25/05/2006

QRomberg = ?

Som : Somesthésie
Vis : Vision
Vest : Vestibulaire
Dep : Dépendance visuelle

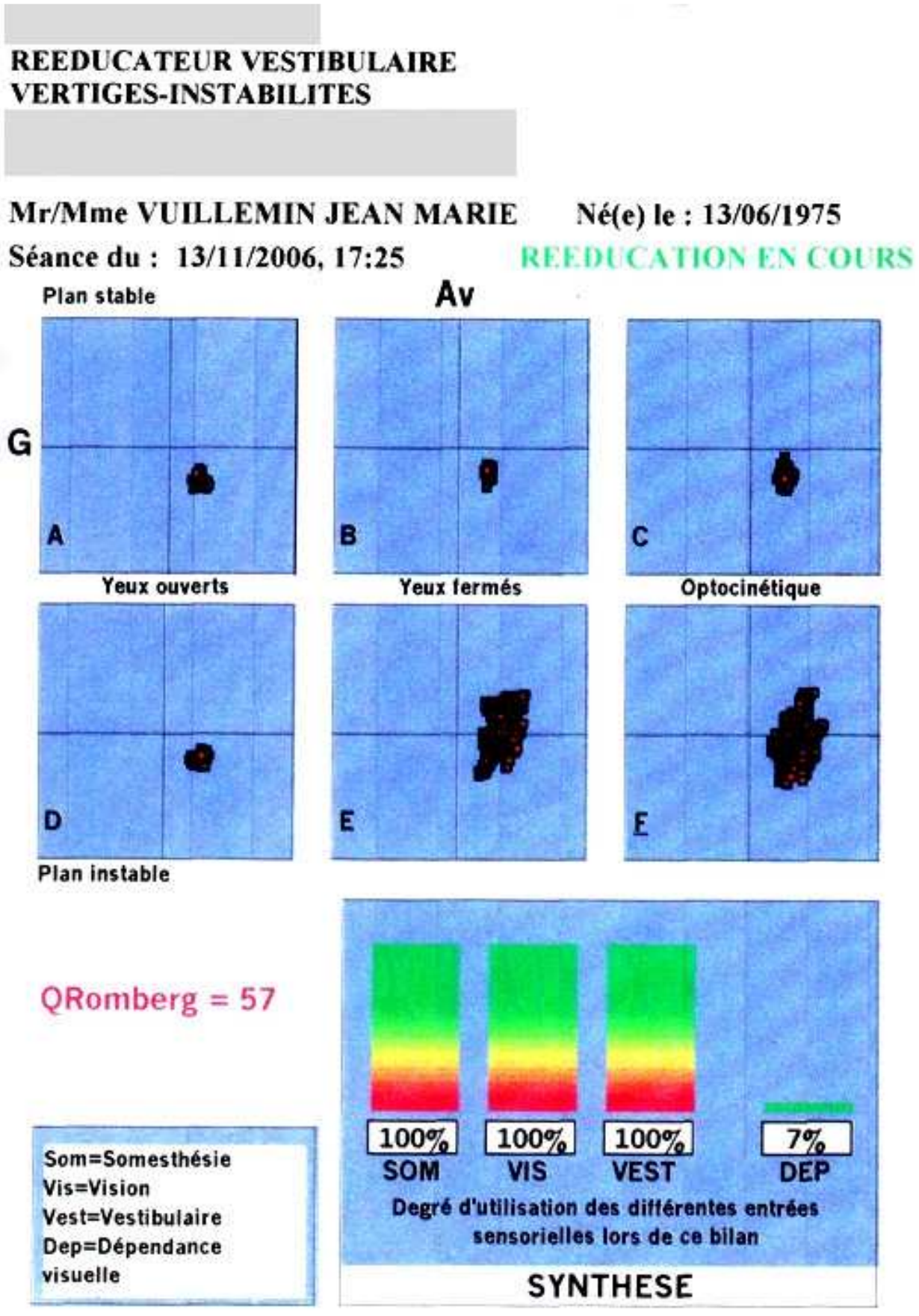


Synthesis

Comment

I did not keep my incoming checkup, but memorized its synthesis rates. I write them in this facsimile.

2 b) Vestibular physical therapy - Outgoing checkup



Comment

The first name written in the outgoing checkup, “Jean-Marie”, is slightly different from mine, “Gérard-Marie”.
This is because I still spoke poorly during vestibular rehabilitation sessions. On that account, my first name had been misunderstood.

Appendix D. Motivational message for my rehabilitation, translated in English

TAKE CHARGE OF YOURSELF,
NOW.

OR SIMPLY SURVIVE,
ALL YOUR LIFE.

SO THIS DOES NOT HAPPEN,
A SINGLE RECIPE :

WORK.

Comments

This motivational message :

- was on a sheet pinned to a wall of my bedroom during my rehabilitation years.

- only mentions work, and does not specify work.
  Its mention of work alone and unspecified should be replaced by that of will and of work devised then executed at best.
  Therefore, I have to complete my message. “[...] a single recipe, work.” becomes : “[...] only 2 tools : will, and work devised then executed at best.”.

- appears very categorical in the uncertain field of rehabilitation, but is a good motivational message :
  “So this does not happen, a single recipe : work.” reflects neither that a rehabilitation has to be medically possible to be carried out, nor the conditionality of my rehabilitation during all its length. But I could not write : “So this does not happen, provided your rehabilitation goal can be reached, [...]”, because my message would scarcely have been motivational.
  I know only now that my rehabilitation is complete, several months after its end (thanks to the strong latency effects of “Pure Speech Rehabilitation”).
  I was lucky with my rehabilitation.

- has to be interpreted with caution. Rehabilitation work does not enable to go beyond medical impossibility.
  However, I made the experience that will, and work executed at best, may make medical uncertainty evolve in favor of the person who wants to rehabilitate.

  And I think that without will and work, brought to their highest levels, an optimized rehabilitation cannot be carried out.