

Getting Old is NOT for Sissies!

Although I am in my early sixties, I certainly have not felt my age, not for a minute. Until recently, that is.

My wife, Sue, and I were returning to Morgantown on Easter Sunday from a trip to visit some of our children and grandchildren in northwest Georgia. It was a great weekend, all around! Unfortunately, as we crossed the North Carolina/Virginia state line, the traffic came to a screeching halt, due to a 90+ car accident in the southbound lanes (we were in the northbound lanes). We were literally at a dead stop on a six-lane interstate highway, watching emergency vehicles head north in both the south- and northbound lanes to reach the accident scene.

After we sat for what seemed like an eternity, someone came by to inform us we would be there another 3 to 4 hours until the accident was cleared. Many of the stranded began to exit their cars, walk around, hike the beautiful mountains of the area, and chat. I joined them. Unfortunately for me, having the wrong shoes, too steep a slope, and wet conditions (it had been foggy, leading to the accident ahead of us), I slipped and fell. I dislocated my right knee, and ruptured my quadriceps tendon. Calling for help, two other hikers carried me back up to the car, as I could not bend my knee, or support my weight on it. I slid into the back seat of the car, and sat for another hour while my knee continued to swell from my injury.

When we finally were able to resume our trip, we stopped at the nearest exit for ice to help control the swelling (which had been going on for at least an hour). And, we were still 5 hours from Morgantown. I am incredibly grateful that Sue was with me, as I could NOT have driven the car with my leg in the shape it was in. When we reached Morgantown, our first stop was at the WVU Hospital emergency room—it was after 10:00 p.m., and the knee injury occurred around 4:00 p.m. that afternoon. I was admitted, and 2 days later, underwent quadriceps tendon repair surgery. Thursday of that same week, I was discharged, and began physical therapy (PT).

My PT consisted of spending six (yes, 6) hours a day in a continuous passive motion machine (CPM), where you lie on your back, place your leg into a machine that continually bends the knee from 0° to 90° in increments. My challenge was to reach 90° within 2 weeks, which I did. However, being the dedicated individual I am, I needed to get back to work, which

I did on a part-time basis 1 week postsurgery. I went to work with two crutches and a full leg brace, and ultimately got a wheelchair to allow me to sit behind my desk and keep my leg elevated. I had six at-home PT visits (in addition to the 6 hours on the CPM daily) over the first 2 weeks, and I start outpatient PT this week.

It is amazing what you CANNOT do when you are injured—I could not put on slacks, put a sock on my right foot, or stand for any time on the right leg. Traversing the four flights of stairs in our historic home in Morgantown with a crutch was a challenge, as was showering, sitting (one leg braced), trying to work on the computer, etc. I am confined to riding in the back seat of my car, which has challenged Sue to be not only my wife, but my caregiver, my chauffeur, home nurse, etc. I have spent 3 weeks in bed, or in a recliner, for meals, PT, etc.

Over the 3 weeks of my rehab (which I must do for another 3 to 5 weeks), I have gained a sincere appreciation for people with disabilities, and the challenges they face. Although our University's facilities are designed (or renovated) to incorporate automatic door openers, handrails, etc., many private businesses, such as restaurants, are not. To get a wheelchair into many locations is a nightmare. I am confident that, over the next few months, if I follow the instructions of my physical therapist, I will heal and be able to do most of the things I could do before my injury. That being said, those with permanent disabilities will continue to face the challenges of access, and will need our sincere compassion and support to facilitate their ability to live "normal" lives.

It has been a tremendous learning experience, and one I will not soon forget. I feel blessed to have had the support of a terrific wife, and great friends and colleagues, as I continue to make the transition from injury to good health. As the title of this editorial says, getting old is not for sissies—it is a difficult, challenging process, and one that we will all face eventually. So, be compassionate for those of us "older" individuals, and certainly for those who have disabilities. Until you have walked a mile in our shoes (with crutches and a leg brace), you may not have much of a clue as to what challenges we face.

David A. Felton, DDS, MS, FACP
Editor-in-Chief, Journal of Prosthodontics

Copyright of Journal of Prosthodontics is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.