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# THE ULTIMATE STROKE RECOVERY REVOLUTION

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FROM 0% TO 90%+ AND STILL RISING

*The battle-tested blueprint defying every "never."*

NICHOLAS "STROKED-OUT SASQUATCH" KREMERS

*Founder · Stroke Recovery Academy*

*Because recovery isn't healing — it's construction.*



[strokerecoveryacademy.com/book](https://strokerecoveryacademy.com/book)

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# COPYRIGHT

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For information, resources, the soundtrack, and to join the movement:

- **Web:** [strokerecoveryacademy.com](https://strokerecoveryacademy.com)
- **Nonprofit:** [strokelyfe.org](https://strokelyfe.org)
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Cover art and album art: *Hostile Construction* by Stoked Out Sasquatch.

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## DEDICATION

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**T**O **NICHOLAS JR.** — THE SPARK THAT TURNED SURVIVAL INTO PURPOSE. THE REASON I STOOD BACK UP.

To **Lisa** — for staying by my side when everything fell apart, for our son, and for being the team that raised him even when we weren't together.

To my parents, **Guy and Debbie Kremers** — for always putting up with my crap and believing in me before I believed in myself.

To my brother **Kris** — your memory fuels every swing.

To my cousin **Kasey** — brother from another mother. Thanks for showing up when no one else did.

To **Michael**, the therapist who refused to let me settle — you saved my recovery and you didn't even bill extra for the beer.

To every survivor reading this: your recovery is possible. Your story matters. Your future is unwritten.

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# EPIGRAPH

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*“The impossible is only impossible until someone proves it’s not.”*

— Nicholas “Stroked-Out Sasquatch” Kremers

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## A NOTE BEFORE YOU START

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**T**HIS BOOK IS HONEST ABOUT DEPRESSION, SUICIDAL THOUGHTS, AND THE DARKEST HOURS AFTER A stroke. Some of those scenes are in here exactly as they happened, because lying about them would have made this another useless recovery book.

If you are in crisis right now — if today is one of the days when “ending it” feels like a real option — please pause and reach out before you turn the next page.

**United States:** Call or text **988** (Suicide and Crisis Lifeline). Available 24/7. Free. Confidential.  
**Veterans:** Dial **988**, then press **1**. **Outside the U.S.:** Visit [findahelpline.com](https://findahelpline.com) to find a crisis line in your country.

You’re valuable. The Sasquatch has your back. We’re watching.

Now turn the page when you’re ready.

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# DISCLAIMER

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**T**HIS BOOK IS FOR INFORMATIONAL AND MOTIVATIONAL PURPOSES ONLY. IT IS NOT MEDICAL ADVICE, diagnosis, or treatment. The exercises, techniques, and protocols described here are what worked for *me* — a 36-year-old man who survived a massive hemorrhagic stroke on December 3, 2018. Your stroke, your body, your medications, and your circumstances are different.

Before you try anything in this book, talk to your physician, neurologist, physical therapist, occupational therapist, or speech-language pathologist. Some of what I did was risky. Some of it was unconventional. Some of it I would not recommend without supervision. Where a technique carries elevated risk, I say so directly — but I cannot anticipate every reader's situation.

The author and publisher are not liable for adverse effects from applying any information in this book. Use judgment. Seek expert care. This is battle-tested through lived experience, but lived experience is not a clinical trial.

If something hurts in a way that feels like injury rather than effort: stop. If your therapist says no to a technique here: listen. The goal is to rebuild, not to re-injure.

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# FOREWORD

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*Most forewords are a credentialed stranger telling the survivor the author is worth their time. This one is the survivor.*

I sat with this page for almost a year.

I HAD A SHORT LIST OF PEOPLE I RESPECTED ENOUGH TO ASK. A NEUROLOGIST WHO HAS SPENT THIRTY years studying neuroplasticity. A speech-language pathologist who treats stroke aphasia in a teaching hospital. A survivor whose own memoir cleared a path for mine. Any of them could have written four pages that opened this book with the kind of authority a first-time author is supposed to borrow.

I did not write the email.

The reason is simple, and it is the same reason this book exists at all: a stroke survivor in week three, sitting in a hospital bed with a pamphlet in their lap and a future they cannot picture, does not need a credentialed stranger to vouch for the man who is about to talk to them. They need the man to start talking.

So this is me, starting to talk.

My name is Nicholas Kremers. I am Vice President of Kremers Laundry Equipment Company — a third-generation family business out of Lavaca, Arkansas. On December 3, 2018, at thirty-six years old, I had a massive hemorrhagic stroke in the bathroom of my own house, two hundred and fifty pounds of working muscle, ninety minutes after I had benched two hundred and eighty-five pounds in my garage. The bleed landed in my left thalamus, paralyzed the left side of my body, scrambled my speech into the wrong word order, and put me in an ICU bed for a month while the doctors told my pregnant wife and my parents to plan for a man who would never walk normally again, never use his left hand again, never recognize music again, and never go back to work.

Seven years later I am at ninety percent function and still rising. I walked my son to his first day of school. I am typing this sentence with both hands. I wrote a twelve-track concept album about the rebuild. I run two companies. I built a stroke-recovery academy from the wheelchair I was supposed to live in. I teach roughly fifteen thousand survivors a day on TikTok how to refuse the same “nevers” the white coats handed me.

This book is the manual I wish somebody had handed me on Day 30.

It is not a clinical text. The clinical texts already exist and you should read them — Doidge, Bolte Taylor, Cramer, Kleim and Jones — and I cite them where they belong. This is the book that sits *next* to those, on the nightstand of the survivor who is too tired to read a journal article but not too tired to read one chapter at a time. It is honest about depression, suicidal ideation, the diaper, the bib, the marriage that did not survive, and the version of fatherhood I had to grieve before I could build a new one. It is also honest about the protocols that worked — the ones the textbooks never name — like swinging a baseball bat across your living room with a dead arm forced onto the handle, or leaning into a wall at ankle-load until the calf finally answers, or singing your way through aphasia because melody and language live in different houses.

If you came here for permission to keep going past month six, month twelve, year three, year five — you have it. The medical literature describes the average. You are not the average if you do not do the average work. The plateau is a function of effort, not time, and there is no expiration date on the human nervous system’s willingness to rewire itself when you give it the right signal at the right intensity for long enough. This book is what *long enough* looks like.

If you came here for permission to grieve the body you used to have — you have that too. Skipping the grief is the single most expensive shortcut in stroke recovery. The chapters on the persona, the emotional spectrum, and the 90-second rule are there because the body does not rebuild while the mind is still arguing with what already happened.

If you came here as a caregiver — Chapter 24 and Chapter 28 are for you. So is Appendix R. You are doing one of the hardest jobs on the planet and the medical system is built to forget that. I see you.

If you came here as a clinician — Appendix L is for you. Use what helps. Push back on what does not. Argue with me at [science@strokerecoveryacademy.com](mailto:science@strokerecoveryacademy.com). The next edition will be better because of it.

A future printing of this book may carry a foreword from a credentialed voice in stroke medicine. If it does, I will be honored. But it will sit *after* this one, not in place of it, because the first thing a survivor in week three needs to hear is another survivor’s voice, not a doctor’s. The doctors had their say in the consult room. This is my say. This is the book.

Turn the page. Meet the Sasquatch. Then meet the version of yourself the stroke could not see coming.

— *Nicholas “Stroked-Out Sasquatch” Kremers Lavaca, Arkansas 2026*

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# AUTHOR'S NOTE: THE SASQUATCH BATTLE CRY

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Listen up, warrior.

**D** ECEMBER 3, 2018 — THE DAY THEY TOLD ME I'D NEVER BE THE SAME.

Seven years later, I'm better than I ever was. Ninety percent function and still climbing, with breakthroughs in year seven that doctors swore couldn't happen after year one. I built Stroke Recovery Academy from a wheelchair in Lavaca, Arkansas. I run a 501©(3) nonprofit called Stroke Lyfe Inc. I cut a twelve-track concept album called *Hostile Construction* about the rebuild — every song you'll see referenced at the end of these chapters. And on TikTok, roughly fifteen thousand survivors a day use the methods in this book to refuse their own "nevers."

When that well-meaning doctor said, "*You'll probably never walk normally again,*" I had two choices.

**Choice One:** accept the limitations and fade. **Choice Two:** use it as fuel to prove every expert wrong.

I chose two. It changed everything.

| WHAT THEY SAID                               | WHAT ACTUALLY HAPPENED                                 |
|----------------------------------------------|--------------------------------------------------------|
| "You'll probably never walk normally again." | I walk better than most who never had a stroke.        |
| "Most recovery happens in the first year."   | My biggest wins came in years four through seven.      |
| "Accept your new limitations."               | I built an academy and helped thousands exceed theirs. |
| "Don't get your hopes up."                   | Ninety percent and rising — they predicted thirty.     |

This started as my stroke recovery blueprint. The principles also work on whatever knocked you down — addiction, business failure, grief, heartbreak — but make no mistake: this is a stroke recovery book first. The deepest cuts go to people whose lives changed in one moment and who refuse to let that moment win.

If an Arkansas boy from Lavaca with massive brain damage and a chart full of "nevers" can do it — so can you.

Your revolution starts now.

— Nick “*Stroked-Out Sasquatch*” Kremers Lavaca, Arkansas 2026

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# HOW TO READ THIS BOOK

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**D**IFFERENT SURVIVORS ARE AT DIFFERENT POINTS IN THE FIGHT. READ THE WAY THAT SERVES YOURS.

**If your stroke was recent (under six months):** Read straight through Parts I and II, then jump to Appendix G (the 90-Day Breakthrough Program). Come back for Part III when you're cleared for the techniques.

**If you're stuck in a plateau (six months to two years):** Skim Parts I and II to absorb the mindset, then live in Part III (techniques) and Part IV (mental warfare). The plateau chapter (Ch 22) is your priority.

**If you're years in and looking for the next gear:** Start at Part V. The breakthroughs in years four through seven are real and they require a different approach than year one.

**If you're a caregiver:** Read it all. Especially Chapter 24, Chapter 28, and Appendix R. You are doing one of the hardest jobs on the planet.

**If you found this book through TikTok or the album:** Welcome. Open Spotify, Apple Music, or YouTube Music to *Hostile Construction* by Stoked Out Sasquatch. Each chapter that pairs with a track ends with a Track Sync block — listen while you read. The book and the album are one experience.

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# INTRODUCTION: WELCOME TO THE REVOLUTION

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**C**ONGRATULATIONS. YOU’VE BEEN DRAFTED INTO THE MOST DEMANDING WAR ON THE PLANET — THE war against your own limitations. You’re also enrolled in the only school that matters: Sasquatch Recovery University. There are no semesters. There are no breaks. There is only the work.

## **Enrollment requirements:**

- Survived a setback. (You did, or you wouldn’t be reading this.)
- Tired of “impossible.” (You are, or you’d have stopped already.)
- Willing to work harder than ever before. (Required.)

## **The enemy:**

- Low expectations.
- Artificial timelines.
- Statistical limits.
- Protective pessimism — the kind that comes from people who care about you but don’t believe in you.
- Comfort-zone thinking.

## **Your weapons:**

- The Sasquatch Formula (Chapter 10).
- The breakthrough techniques in Part III.
- The mental warfare drills in Part IV.
- The 66-day commitment.
- Your tribe.

## **The phases:**

- **Phase 1: Survival** (months 1–6). Basic restoration. *I will survive this. I will thrive.*
- **Phase 2: Breakthrough** (months 6–18). Accelerated independence. *I will exceed every expectation.*

- **Phase 3: Optimization** (eighteen months and beyond, forever). Maximum potential. *I will prove the impossible possible — and I will teach the next survivor how.*

**The Sasquatch Promise:** Brutal honesty. Proven methods. Zero artificial limits. Extraordinary results.

## THE THESIS, IN THREE SENTENCES

The medical chart you were handed is data, not destiny — it describes the average outcome for the average effort, and you are not obligated to be either. The brain you have right now, damaged or not, retains the capacity to rewire itself for the rest of your life, and the only variable that consistently moves that capacity from possibility to reality is the daily, deliberate, high-dose repetition of work that is harder than what the system prescribes. This book is the operating manual for that work — written by a survivor who was given a chart full of “nevers” seven years ago, refused every one of them, and is now teaching the next survivor how to do the same.

Class is in session.

## QUICK-START CARD: WHAT TO DO TODAY, THIS WEEK, THIS MONTH, THIS QUARTER

If you just had a stroke — or someone you love just did — this is the page you need first. Everything else in this book is the long version of what is on this single card. Tear it out. Tape it to the wall. Read the page that matches today.

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## DAY 1 — TODAY

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1. Breathe. Your heart is still thumpin'. You have already passed step one.
2. Tell one human, out loud, that you survived. Phone, FaceTime, hand squeeze, blink — any channel. Saying it makes it real and starts the rebuild clock.
3. Get three facts written down — *what happened, what kind of stroke, what side*. Those three facts are your starting coordinates for the next seven years.
4. Ask the team for your **NIH Stroke Scale score at admission**. That is your baseline. Every point you earn back is real, measurable progress.
5. Do not Google your prognosis tonight. Statistics are about populations. You are not a population.

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## DAY 7 — THIS WEEK

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1. Identify your **anchor person**. One human who will answer the phone at 3 a.m. and not panic. Tell them they are it.
2. Start the log. Notebook, phone, voice memo. Three lines a day: *what I did, what I learned, what hurts*. The log is the spine of every protocol in this book.
3. Move *something* every two hours during waking. A finger. A toe. A thought sent through the limb. Stillness is the enemy from Day 7 forward.
4. Confirm a swallow eval has been done. Aspiration kills more stroke survivors than the stroke does.
5. Ask the social worker for the discharge plan *in writing*. You will need it the day you go home and nobody hands you instructions.
6. Read Chapters 1, 2, and 6. Skip everything else for now.

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## DAY 30 — THIS MONTH

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1. Run the S.O.S. layer of the Sasquatch Doctrine every morning (Appendix I). *Survive. Organize. Strive.* Sixty seconds.
2. Pick one drill from Appendix B and run it daily. *Never zero.*
3. Get screened for **post-stroke depression and anxiety**. One in three. One in four. You are not weak. You are statistically normal — get the help. SSRIs are not a moral failure. Therapy is not a luxury.
4. Identify your therapy team: PT, OT, Speech. Show up to every session early. Stay late. Ask for homework.
5. Find one survivor further along than you. TikTok, Facebook, Tribe at [strokerecoveryacademy.com/tribe](https://strokerecoveryacademy.com/tribe). You need to see what year three actually looks like with your own eyes.
6. Read Part I (Chapters 1–5) and **Chapter 20½ — The Persona Forge**. Build your persona before Day 90.

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## DAY 90 — THIS QUARTER

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1. Begin the **66-Day Rebuild** (Appendix G). Run S.A.S.C.H. — Seize / Absorb / Swing / Combine / Hammer — every day.
2. Have the first hard conversation about identity. *Who am I now?* Forge the persona (Ch 20½). Name it. Use it.
3. If you have plateaued, run the **C.O.M.P.A.S.S.** flow (Appendix I, Layer 4). Plateau is the entrance to mutation, not the end of progress.
4. Build the accountability stack: **one human + one log + one tribe**. Three layers, minimum.
5. If you are home, audit the house for fall risk. Bath bars. Night lights. Phone within reach of every chair you sit in. Caregivers will thank you.
6. Read Parts II–IV. Keep the appendices on your desk.

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# ALWAYS

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- *Heart's still thumpin'? Life's still pumpin'.*
- *Never zero.*
- *Never miss twice.*
- **Crisis line:** call or text **988**. Veterans, dial **988 then press 1**. Crisis Text Line: text **HOME to 741741**.

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# HOW TO USE THIS BOOK — AND THE STROKE RECOVERY ACADEMY

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**B**EFORE PART I STARTS, ONE PAGE ON HOW THIS BOOK IS BUILT AND HOW TO USE IT WITH THE platform that wraps around it.

This book is a memoir-driven manual. The narrative chapters tell what happened to me. The technique chapters show what I did about it. The appendices give you the protocols, the tools, the science, and the platform map. You can read it cover to cover. You can also pick the chapter that matches what you need today and start there.

**The book lives at [strokerecoveryacademy.com/book](https://strokerecoveryacademy.com/book).** That URL is the master index. Every chapter has a companion resource on the platform — videos, printables, fillable workbooks, audio guides. Every appendix has a deeper version online. The book is the spine. The platform is the muscle. *They feed each other.*

**The platform is mostly free.** The 66-Day Tracker, the 90-Day Program companion app, the moderated tribe community, the soundtrack hub, and the Wednesday office hours cost nothing. The optional paid coaching cohorts and the clinician CEU course fund **Stroke Lyfe Inc.** — the 501©(3) that buys gear, coaching, and care for survivors who cannot pay. Every dollar paid here funds the next survivor's protocol.

## **Three ways to read this book:**

1. **The minimum.** Read the chapters in order. Print the 66-Day Tracker from Appendix G. Run the 90-Day Program. That alone is enough to change your life.
2. **The middle.** Add the free workbook (Appendix K). Join the free tribe community. Show up to one Wednesday office hour at [strokerecoveryacademy.com/officehours](https://strokerecoveryacademy.com/officehours).
3. **The full system.** Workbook + tracker + 90-Day app + tribe + monthly office hours + a coaching cohort once a year.

There is no wrong way to use it. There is only the way you use.

**One last thing.** I am not a doctor. I am a survivor who became a teacher. Nothing in this book replaces your medical team. *Get clearance from your treating clinicians before starting any protocol in here.* If

you are in immediate medical or mental crisis, call **911**, or **988** for suicide and crisis support. Then come back to the book.

Now — Part I.

# PART I — THE STORM

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# BREAKDOWN TO BREAKTHROUGH

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*The room went sideways at 11:47 a.m. The cat sat on my chest. The phone was three feet away and three feet might as well have been three miles. The first sentence of the rest of my life was a single word, slurred, into a 911 dispatcher who almost did not understand it.*

*That word was yes.*

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# CHAPTER 1: DECEMBER 3, 2018 — THE DAY I REFUSED TO DIE

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*The wall holds — until the day the wall is the thing that falls.*

December 3, 2018. A Monday.

**I** REMEMBER THE EXACT MOMENT BECAUSE I HAVE REPLAYED IT TEN THOUSAND TIMES SINCE.

I was thirty-six years old. Two hundred and fifty pounds of Arkansas, built like a brick outhouse. I had benched over four hundred pounds the week before. I was Vice President of Kremers Laundry Equipment — third-generation family operation, working the kind of long days that make you feel like you can't be killed. Lisa was pregnant. Our son was due in the spring. Life was loaded and pointed in one direction: more.

That morning I woke up with a headache I tried to ignore.

By lunch the headache had teeth. Behind my left eye. The kind of pain you don't describe — you just narrow your eyes and keep moving. I drank water. I told myself it was the weather. I told myself it was sleep. I told myself the lie that every strong man tells himself in the hour before his body proves him wrong: *I'll push through.*

I pushed through into the bathroom around three in the afternoon.

I looked in the mirror and watched the left side of my face quietly stop being mine.

The corner of my mouth dropped. The skin under my eye sagged half an inch. I lifted my left hand to touch my own face — the way you do when you're checking whether what you're seeing is real — and my left hand did not lift. It twitched. It hung. The signal left my brain. It did not arrive at my arm.

I tried to say *something is wrong* out loud, just to hear my own voice, just to prove it was still mine.

What came out was three pieces of a word and a slur of vowels.

I went down on the bathroom tile.

The lights did not go out completely. They flickered. I was still inside my body. My body had stopped taking calls. I lay there with my cheek against cold tile and a single thought looped in my head, the way a single thought will loop when the brain is trying to find a path that no longer exists:

*Get up.*

*Get up.*

*Get up.*

I did not get up.

Lisa found me. I will let her tell that part one day if she wants to. What I remember is the sound of her voice and the sound of sirens and the sound of my own breath, fast and wrong, in the back of an ambulance that was driving me toward a sentence I had not yet been handed.

## THE SENTENCE

Massive hemorrhagic stroke. Left thalamus. Significant bleed. They shaved my head. They put fifty staples in my skull. They told my family — pregnant wife in the waiting room, parents driving in from out of town — that the next seventy-two hours would tell.

I lost fifty pounds in the ICU. Most of it in the first two weeks. The body eats itself when the body has nothing to do.

Started on tube feedings. Then graduated to pureed foods that tasted like cardboard mush mixed with disappointment. The doctors told my family the stroke had landed in areas that would scrub out music recognition — *he won't tell a Britney Spears song from a chainsaw again*. They said I wouldn't be able to tell a hot dog from a hamburger by sight. They said *expect significant cognitive deficits*.

They were wrong about the music.

They were wrong about the burgers.

They were wrong about almost all of it, and I will spend the rest of this book showing you how.

But on December 3, 2018, lying in a bed I could not get out of, looking at a ceiling I could not turn away from, listening to a wife I could not properly speak to — they were not wrong yet.

## THE IDENTITY COLLAPSE

I had always been the strong one. Football. Basketball. Baseball. Gymnastics as a kid. Power-lifting as a man. Three generations of family business on my shoulders. *If the job takes grit, I'm in*.

The stroke took the grit and locked it in a closet I could not open.

How does a man built on strength function when strength is gone?

I'm going to give you the honest answer, because honesty is the only currency this book trades in. The first answer was: *he doesn't*. The first answer was: *he wonders if his pregnant wife and his unborn son and his aging parents would be better off without him*.

The first answer was the wrong answer.

Finding the right answer took the rest of this book.

## THE CHAINSAW IN MY SKULL

The pain wasn't what broke me. It was the confusion.

It felt like chainsaws were buzzing behind my eyes. I reached up once — when I had a hand that could reach — convinced I would find steel under my scalp. Every beep of a monitor mocked me. I couldn't fix this with muscle. I couldn't fix this with willpower. The same body that had obeyed every command for thirty-six years was completely ignoring me now.

The morphine didn't help. It rearranged the room. It put nurses in my hallucinations and conspiracies in my IV bag. The doctors had a clean explanation — *swelling and meds*. The real explanation was harder: your own mind turns on you when you need it most, and there is no muscle you can flex to make it stop.

Welcome to the war.

## THE FIRST FLICKER

When I met Michael, my physical therapist, he didn't look like much. Tall. Lanky. Unassuming. Three or four inches taller than me but at least a hundred pounds lighter.

But he carried belief like a tool belt.

He didn't baby me. He didn't promise miracles. He looked me in the eye and said, "*We're not here to survive, Nick. We're here to rebuild.*"

That was the first flicker. Not in my muscles. In my mind. The idea that maybe, somehow, I could build again.

A few days later — and I mean a few days, not weeks — my left hand twitched. To anyone watching it didn't look like much. To me it was a miracle. A spark of life in a body I had already grieved.

I stared at that twitch like a mechanic watching a dead engine turn over once after months of silence.

That was the day I understood what progress really is. It is not leaps. It is flickers. It is not miracles. It is messages.

The lights in your body and your brain may dim. They never go out — unless you let them.

## ONE QUESTION

What was your first flicker? Not the day you woke up in the hospital. The first sign — however small — that something inside you was still fighting back. Write it down before you turn the page. You're going to need to remember it.

## THE LAST NORMAL MORNING

Three hours before the bleed I was bench-pressing 285 in my garage gym. Ten reps, easy. Spotted by nobody — I had been training alone for years and the bar had never let me down. The garage door was open. Late fall in Lavaca, the air had that first cold bite that says winter is coming. I racked the bar, wiped my face on a towel, drank water from the gallon jug I kept on top of the squat rack. *Solid lift. Good morning.*

I had no idea it was the last morning of the version of me that could rack 285.

Lisa was at work. The crib for the baby — five months out, sex still unknown — was half-assembled in the back bedroom. I had laundry to fold, an email to send, a sales call at noon. Normal Tuesday. Normal life.

The headache started about an hour later. Not bad at first — the kind I always blamed on dehydration. I drank more water. Took two ibuprofen. Sat down at the kitchen table to send the email.

The email never sent. The cursor blinked at me from a screen that was starting to do something I had no word for. Not blurry. Not double. Just *wrong*. Like the screen was at the wrong distance from my eyes and I could not remember how to focus.

## THE SENTENCE THAT SAVED ME

I picked up the phone to call Lisa and the words came out scrambled. Not slurred — actually *re-ordered*. I tried to say *I think something is wrong with me* and it came out *Wrong is something with me think I*. I heard myself say it. I knew it was wrong. I could not fix it.

Lisa answered. I tried again. Same thing. Different word order, same meaning, none of it landed right. I heard her say *Nick. Nick. Are you having a stroke. NICK.*

The word *stroke* hit me in the gut harder than anything has ever hit me before or since. I was thirty-six years old. I was 250 pounds of working muscle. I had benched 285 ninety minutes earlier. Stroke was for old people in nursing homes. Stroke was not for me.

Stroke was for me.

I said the only thing I could get out clean: Yes.

That single word saved my life. Lisa called 911 from her office. The ambulance arrived in eleven minutes. The CT scan happened in the first thirty. Every minute that single *Yes* shaved off the time-to-treatment window is a minute that the rest of this book exists.

If you are pre-stroke right now and reading this for somebody else, hear me: *learn the FAST signs* (Appendix A). *Believe them when you see them.* Do not wait. Do not finish the email. Do not “see if it goes away.” Call. The minute you waste might be the minute that decides what kind of life the survivor gets.

## THE FLOOR IN THE KITCHEN

Then I fell. The floor in the kitchen came up to meet my face. I do not remember the fall — I remember sitting at the table, then I remember the linoleum two inches from my eye. The left side of my body had stopped existing. My left arm was a dead weight under me. My left leg might as well have been somebody else’s leg.

The cat — we had a calico named Trouble — walked over and sniffed my face. Then sat down on my chest. I have read since that animals can sense seizures and strokes. I do not know if Trouble sensed it. I do know that the warm weight of that cat on my chest while I waited for the ambulance was the only thing in the room that did not feel terrifying. *Heart’s still thumpin’. Cat’s still purrin’.*

The paramedics found me with the cat still on my chest. They had to gently move her to lift me. One of them — a kid maybe twenty-five years old — looked at me and said *We’re gonna take care of you, sir.* He called me sir. I was thirty-six and a paramedic younger than me called me sir. I remember thinking *I must look bad.*

I looked bad.

The next thing I remember clearly is the ICU. Everything between the kitchen floor and the staples in my skull is a smear of sirens, IV lines, the inside of a CT tube, and the sound of my mother sobbing in a hallway. The bleed had landed. The stroke had begun.

The Sasquatch was about to be born.

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## CHAPTER 2: ICU HELL AND THE TWO PATHS

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**T**HE ICU WASN'T A ROOM. IT WAS HELL WITH BEEPS AND FLUORESCENT LIGHTS.

I was there for a month.

Morphine turned my brain into a funhouse mirror. Hallucinations where the nurses were plotting against me. People in the room who weren't there. The feeling of being trapped in some medical experiment. The doctors had a clean explanation: brain swelling and meds. The real explanation was harder: your own mind turns against you when you need it most.

### THE NIGHT LISA SAVED MY LIFE

Words wouldn't come. The thoughts were clear in my head and my mouth refused to cooperate. Swallowing was gone. They ran a tube down my throat to keep me fed and a smaller one through my nose, and the world narrowed to the small mechanical sounds of pumps and the slow drip of beige nutrition into a body that didn't want to be a body anymore.

It was the third week.

Lisa was asleep in the chair next to my bed. She had been sleeping in that chair almost every night since the ambulance — five months pregnant, swollen ankles tucked under her, head against the wall, hand on the side rail of my hospital bed like she was holding me to the planet by force of grip alone. The only nights she went home were the nights her parents made her, and even then she came back at 6 a.m. with coffee and a face that hadn't slept.

Sometime around two in the morning, the tube shifted.

I woke up with my own throat closing on itself. The feeding tube had migrated. I could feel it pressing against the wrong place. I could feel my airway shutting down. I tried to make noise. The noise that came out of me was not noise. It was the wet half-cough of a man who has run out of ways to ask for help.

Lisa came up out of that chair like a soldier hearing a gunshot.

She hit the call button. She hit it again. She hit it a third time. Somewhere down the hallway a desk speaker chirped a polite acknowledgment. *Be right there.*

Be right there was not going to be right enough.

She looked at me. She looked at the tube. She looked at the door.

She did not wait.

She got both hands on the tube. She braced one hand against the side of my jaw to keep my head still. She told me to look at her. I looked at her. She said two words I will hear until the day I am buried.

*Hold on.*

She pulled.

Slow at first, then steady — the way a person pulls something out of an engine they have never worked on but understand by instinct. The tube came out of my throat and out of my nose with my mucus and my blood trailing it. There was a sound. The sound was the sound of my throat being given back to me.

I coughed. I coughed wet. I coughed *air*.

The nurses came running in two seconds later. I will not pretend the next ten minutes were peaceful. There was blood on my chest. There was a pregnant woman standing over me holding a feeding tube, breathing hard, staring at the door like she was ready to fight whoever walked through it next. There was a charge nurse explaining to her that you are not supposed to do that. There was Lisa explaining back, in a voice I had never heard her use, that she would do it again, faster, the next time, if they didn't come faster themselves.

We are not romantic anymore. We are co-parents. We are friends. We share a son and we share a story.

But that night, in that room, she was the warrior who kept me on this side of the dirt.

I am here typing this because of her.

Some debts you do not pay back. You honor them by doing the work.

## THE BRITNEY MOMENT

The next morning a nurse brought in pureed eggs and a small cup of crushed pills mixed into applesauce. The pills took an hour to swallow. The eggs tasted like cardboard with the suggestion of egg.

In the middle of breakfast, I felt my bowels go. I had no warning. I had no control. I sat there in a hospital gown, in a bed I could not get out of, in front of a nurse who had been doing this job long

enough to keep her face flat, and I felt myself become a patient in a way I had not yet become.

The nurse changed me. She was kind about it. That somehow made it worse.

When she left, the radio in the next room was playing.

It was *Oops!.. I Did It Again*.

I lay there in a clean diaper at thirty-six years old and I started laughing. I could not laugh hard — I had a chest that didn't move right — but I could laugh, and once I started I could not stop, and once I could not stop I started singing it. Not loud. Not well. The lyrics half-formed in my mouth the way every word formed in my mouth that month.

The nurses probably thought I was losing it.

I was not losing it. I was finding it.

The doctors had told my family the stroke had taken my music. The doctors had told my family I would not recognize Britney from a chainsaw. The doctors had told my family a lot of things they could not know.

I was lying in a hospital bed in a soiled diaper singing Britney Spears at three in the afternoon and the brain they said was broken was making the connection between the song and the situation just fine.

If I could find the joke, the brain still worked.

That was Day 1 of Path Two.

## THE HOYER LIFT WHALE MOMENT

Everything I had taken for granted became impossible. Rolling over. Reaching the water cup. Adjusting the blanket. Scratching an itch. Bathroom dignity, the kind every adult assumes is a permanent right — gone.

The psychological hit was the worst of it. The body learns to be a patient long before the mind agrees to it. The thing nobody warns you about is that stroke doesn't just take your mobility. It takes your self-worth, and it takes it in a thousand tiny daily humiliations that nobody is ever going to put on a chart.

One afternoon, coming back from physical therapy, I tried to transfer from the wheelchair to the bed using a slide board. My mobility was trash. The board slipped. I slipped with it.

I went down on the tile floor like a felled tree.

Two hundred and fifty pounds of dead weight on cold linoleum. I was not hurt. I was just *down*, in the way a man is down when his body has stopped being something he can move around.

Three people tried to lift me.

Three people could not lift me.

The charge nurse called for the Hoyer lift.

If you have never seen a Hoyer lift, picture a small mobile crane with a sling attached. It is the device they use when a human being has become an object the room cannot pick up.

They worked the sling under me. They cranked the lever. The motor whined. I rose, slow, off the floor, in front of an orderly, two nurses, the charge nurse, a tech, and Lisa, who had walked into the room halfway through and was standing in the doorway with one hand over her mouth.

I was hoisted into the air like a twenty-thousand-pound I-beam getting craned onto a skyscraper.

Total whale moment.

I made eye contact with the ceiling tiles and I made a deal with myself, then and there, while still in the sling: *I will never be in this thing again. Not because I'm too proud. Because I'm going to do the work that makes this thing unnecessary.*

I kept the deal.

## THE CATHETER

Two months in, the catheter that had been in me almost the entire stay had crystallized to my member.

I am not using “uncomfortable” as an understatement. I mean *crystallized*. The mineral salts in urine, sitting in one place inside a body that doesn't move, will form little hard crusts on a tube. Over time those crusts fuse the tube to the tissue. The tube and the body become one piece of inventory.

The discharge nurse came in to remove it.

She was pleasant about it. She said *small pinch*. She lied.

She pulled.

The pain was so loud I felt it in my hairline. I watched my own blood run down the inside of my left thigh and pool on the tile floor between her shoes. I said something that wasn't a word. I had front-row seats to my own surgical theater and I lasted maybe ten seconds before my eyes rolled back and the room went gray.

I am told I came to about a minute later.

Good thing I love looking at my own blood. If I'd been squeamish, I might have *really* passed out.

I tell you this because the book on stroke recovery you find in a hospital gift shop will not. There is no chapter in any other book that names what a crystallized catheter does to the body of a man who used to bench four hundred pounds. There is no chapter in any other book that names the Hoyer lift moment, the diaper song, the night the pregnant woman pulled the tube.