

The Editor's Corner -- My Life as a Foot

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On August 4, 1998, I rushed down the steps to answer the door. I missed a step, twisted slightly, and broke my ankle and fifth metatarsal (the bone to my little toe). In that split second, I began my life as a foot.

And it was an ugly foot -- big and colorful -- black, blue, purple, green, and yellow. After surgery, it was even uglier -- bigger, more colorful, sutured, scabbed, and scarred. It was also much more painful. My twisted, broken bones were held together with wires, pins, screws, and a plate. One 4-inch wire exited my foot right below my little toe, and for four weeks, I contemplated its removal. The wire was capped by a little plastic ball, adding the challenge of protecting it from being pulled, jarred, pushed, and snagged.

For two months, I was a big, ugly, painful foot.

My entire existence revolved around the foot. Friends and family would call and ask, "How's the foot?" I could spend hours regaling them with stories about the foot. Because of the foot, personal hygiene chores, normally done in a matter of minutes, could take hours. I struggled to get to the bathroom. I needed help dressing and bathing. I depended upon other people to bring my meals, drinks, reading materials, T.V. remote control, and telephone. If it wasn't within arm's reach, someone had to fetch it. My conversational repertoire consisted of, "Watch my foot!" "Be careful of my foot!" "Stop! You're hurting my foot!" My life, my identity, became my foot.

All my other identities -- Lawyer, Extension Specialist, Associate Professor, Department Extension Leader, Web Master, Editor, Faculty Senator, etc. - took a back seat to my foot. Through the haze of pain and pain killers, I was actually quite content being a foot. All those other identities took time and energy that was better spent finding the elusive position where my foot didn't hurt or simply engaging in the basic activities of daily living.

Not that I didn't fight against being a foot. I tried to reclaim my other identities. Three weeks after surgery, I fulfilled a commitment to speak at the annual meeting of the North Carolina

Association of Certified Public Accountants in Asheville, North Carolina. My parents, who had come from Illinois to take care of the foot, delivered me to the Grove Park Inn, complete with wheelchair, crutches, and other assorted paraphernalia for the foot. For an overnight stay, we brought enough stuff to fill the back of a Jeep.

I have vivid memories of this trip -- the misery of keeping the foot elevated while staying strapped in a seat belt (my hip has never been the same), the discomfort of trying to eat in the restaurant while the foot swelled and throbbed, the sleepless night in a strange hotel room that was not modified to meet my needs, the exhaustion of trying to push my wheelchair down an endless carpeted hotel corridor while balancing notes, transparencies, and handouts on my lap, and the race to get on or off the elevator before the doors closed on my foot. I have very little memory, however, of the actual presentation, except at the beginning when I apologized to the CPAs for being a foot.

The trip to Asheville convinced me of the futility of trying to reclaim my other identities and firmly established my new identity as a foot. Not that I consciously knew I was a foot. Oh, no. It was much later in the healing process when I realized that I had lost my "self" and in its place was a big, ugly, painful foot. This realization was an eye-opener and a turning point.

The knowledge that I had become a foot spurred me to begin physical therapy, and the knowledge that my days as a foot were limited helped me get through the humbling experience of dependency. As I struggled to regain my "self" and my independence, my thoughts often turned to people with permanent disabilities, particularly older people in nursing homes.

I wondered how many teachers, artists, poets, nurses, sales clerks, and architects have been replaced by hips, knees, hearts, rheumatoid arthritis, cancers, and dementia. How many other identities have been consumed by grinding, constant pain and the humiliation of helplessness and dependency? I remembered the blank, hopeless faces of nursing home patients and understood the road they had traveled. With blinding clarity, I saw the future. But as Scrooge discovered, the Ghost of Christmas Yet to Come doesn't predict what will be, only what may be.

So, how does one avoid becoming a physical or mental lump? For some people, it may be unavoidable. Injury or disease can strike in spite of the best-laid plans. Research shows, however, that the frailties of old age are not inevitable. This message is the focus of The [Aging with Gusto](#) program offered by The North Carolina Cooperative Extension Service. This program is designed to help people age with gusto by teaching them how to achieve optimum financial, physical, and mental well being in their later years.

When I co-developed the Aging with Gusto program four years ago, I did not appreciate the importance of its message. Now after experiencing disability and dependency firsthand, I believe

that this may be one of the most important programs offered by Extension. Ideally, the program teaches people how to maintain independence, dignity, and self-respect in old age by making appropriate choices when they are young. Unfortunately, many people do not pay attention until it is too late to make those choices. After my experience as a foot, I choose to exercise and stay fit and to eat healthfully. The secret to aging with gusto doesn't come in a bottle - it comes with hard work and a commitment to a healthy life style.

Valuable lessons learned from being a foot:

- Use the bannister and go slowly -- the pizza man can wait.
- Hospitals are no place for sick people.
- The more dire the need for a bed pan, the slower the nurse will respond to the call.
- For every pill, there is a side effect. For every side effect, there is another pill.
- When you can't move very fast, and you can choose between opposite side effects, choose constipation.
- Pain relieves boredom.
- Watch out for well-meaning people who hold the elevator door while you wheel in your chair, then nail your foot with their briefcases.
- When using crutches, choose clothes with big pockets.
- If it doesn't fit in a pocket, clamp it in your teeth or under your chin, or hang it over your shoulder or on your head.
- If you can't carry it across the room, throw it (this technique works best with soft, unbreakable objects).
- When all else fails, crawl and drag it.
- PT does not stand for physical therapy -- its stands for pain and torture.
- Contrary to popular opinion, there are not too many handicapped parking spaces.
- Eat healthy foods and exercise. Aging with Gusto beats the alternatives.

I would like to give a special thanks to my parents who interrupted their lives at a moment's notice and spent two months taking care of me and my foot. Their love, patience, and tender care lessened the ordeal and made some memories that I will forever cherish. I fervently hope that I never need to return the favor.

A special thank you also goes to my husband, who canceled an important trip because of my foot, who did bed-pan duty when the nurses were too busy, who slept on an air mattress on the floor for two months to avoid jostling my foot, who helped me get through countless sleepless, pain-filled nights, who spent a small fortune on down pillows, feather mattresses, and other paraphernalia trying to find a way to ease the pain, and who made countless other sacrifices for my comfort.

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