

Saving Jim

On the last Saturday in April 2006 while hiking in the Allegheny mountains I completely dislocated my left knee when stepping over a log. My left foot had gone forwards all the way up to my right shoulder fracturing my fibula and completely rupturing my anterior and posterior cruciate ligaments, similar to tearing a chicken leg apart by rotating the leg and thigh bones in opposite directions. This happened over 50 miles from the nearest major hospital and with no cellphone coverage. I managed to put myself in traction and with the help of Tina, Mike, 'Duckman', the helicopter pilot, and the Elkins Rescue Team saved my leg and my life.

10:00 AM, Saturday, April 29, 2006



The sky was clear and deep blue without a cloud in sight. The leaves and grass were beginning to grow and were the light bright green color of early spring. Since none of the leaves were fully grown the woods gave the open, fresh and inviting feeling that always comes in early spring. There was no snow left. Tina, Mike and I had met at the Red Creek Campground the evening before rather than attempt to hike on an unfamiliar trail at night. We'd met at Dolly Sods National

Wilderness Area (http://www.fs.fed.us/r9/mnf/sp/dolly_sods_wilderness.htm) for a spring weekend hike. Dolly Sods was the closest wilderness area we could find that was within a half-day's drive of both Pittsburgh, where Tina and Mike live, and Cincinnati, where I live. Dolly Sods lies on the top and western slope of Allegheny Mountain, the eastern continental divide, and thus catches storms from both the east and west, which creates uniquely beautiful woodlands punctuated by bogs.

Since we were only planning to spend one night on the trail we had identified a loop that appeared to be very manageable to hike over a couple of days. On Saturday we were planning on hiking about 3 miles, mostly down the western slope of Allegheny Mountain to a camping area near the shore of the Red Creek. Then, either Saturday or Sunday, hike a several mile loop that would take us back to the campsite. By hiking from a base camp we could hike with much lighter packs before loading up and hiking back out Sunday afternoon.

12:00 PM, Saturday, April 29, 2006

Saturday around noon, we found the beginning of the trail quite easily. The trailhead was on a gravel road that ran along the top western ridge of Allegheny Mountain that had been flattened by age. Often remote trails like this one are difficult to find since the trail itself is usually only about a foot wide at most, and enters the woods abruptly from the road. The Fisher Spring Run Trail had a well defined trail head complete



with a log book and a large seven feet high by eight feet wide information sign with the normal hiker's warnings along with a very unusual one: "Warning highly explosive live bombs from WWII training can still be found in Dolly Sods. DO NOT TOUCH!" Since we were not planning on bush whacking off the trail, I wasn't too worried.



After signing in on the trailhead logbook and taking several trailhead pictures of us, we started down the trail with me in the lead.

I had anticipated a fairly easy hike Saturday since we'd be going downhill most of the day and we were only going about 3 miles. Also camping near a creek there should be plenty of water. I had a small water filter and pump with me allowing me to carry less water. At first the trail was quite normal with roots and some recent windfall to avoid as the trail gradually descended into the woods. At the top of the trail it was



lightly but clearly worn and was easy to follow for about the first half mile. Since it was early spring there was little undergrowth to hide the trail. We would be descending most of the day down the Fisher Spring Run trail to its junction with Rohrbaugh Plains trail. When Fisher Spring Run joined the Red Creek we would pick up the Red Creek trail. We planned to



camp along the Red Creek.

As the trail gradually descended the number and size of speckled pale grey granite rocks increased to the point that the trail disappeared beneath them. We were descending along a number of small rivulets that flowed down the side of the mountain but had not yet merged enough to clearly define one stream. The ground became mostly a broad slanted bog covered in bright green fresh spring grass at the base and by sparser longer brown grass still present from the previous growing season on top. The bog was punctuated with a large

number of rocks from six inches to three or more feet in diameter. The bog offered spongy and uncertain footing making the rocks frequently the track of choice. Footing was generally uncertain. As the trail became quite unclear I noticed small piles of rocks called cairns (see picture) that had been placed about every 50 yards or so along the trail. The cairns assured me I was headed in the right direction and I said a thank you to the hikers who had left them. By now I was getting out of sight ahead of Tina and Mike. I wasn't sure they knew about the cairns so I slowed down and waited for them. When they caught up to me I pointed out the cairns so they could follow the trail themselves and headed off down the trail again.



A cairn

The going was fairly slow since I was often stepping from stone to stone. I had to carefully choose the next spot to place my foot on to avoid either tripping over a rock or sinking into the bog. It was not possible to look around generally unless I came to a stop when I'd scan for either the previous or next cairn. Following the trail required all of my attention. Although we were obviously headed across to the (south) left and (west) down the side of the mountain it still would have been easy to wander off the trail.

After about an hour and a half of slow hiking I came to the junction of Fisher Spring Run and Rohrbaugh Plains trails. At



the junction of the trails there was an old wooden brownish grey weathered signpost with the trail names carved into it typical for the main trails in wilderness areas. The rocks by now had grown to boulders along with the ubiquitous small rocks. There had been areas where I had no choice but to step from large rock to rock. I could hear but not see the water trickling a couple of feet below the rocks. Ground had

also disappeared under the rocks for stretches. I was glad to take my pack off and rest at the junction.

The sky was still totally clear and sunlight easily made its way through the mostly bare tree branches that were just beginning to sprout light green young leaves. The openness of

the woods in spring along with the sunny blue clear sky was delightful!

Tina and Mike shortly appeared and seemed very glad to rest as well. I checked my GPS and maps and determined we likely had less than a mile to go. The terrain would descend more gradually. Slightly off to our right, the other side of the valley had begun to appear. This junction was located where the rivulets had become defined as a creek named Fisher Springs Run. It then flowed off to the left underneath white and grey boulders and dark green rhododendrons whose leaves were still drooping from the winter.



How much further is this place?

After resting for about a half hour we rallied and headed down the trail. A field of large “refrigerator sized boulders”, as Mike described them (<http://meatnog.livejournal.com/26673.html>), covered the stream that ran beneath them. We had to cross the stream on these boulders and then turned left to follow the creek that was now separating two mountains – the one



we had just hiked down and the one we hoped to be camping on.

After about a quarter mile or less the trail gained elevation from Fisher Springs Run as the creek dropped off to the left of us. We could now hear the rushing of a well-developed creek flowing over ancient boulders below to the left of us.

We entered a large grove of very old cedar trees. The ground was softer due to years of needles that had fallen and the smell of cedar was in the air.

The rocks were now mostly buried by the ground and the trail smoothed out gradually slopping downwards. The trail was again very clear and easy to follow. I gained speed and was hiking along looking at the early spring flowers and grasses that had popped up anywhere light broke through the cedars

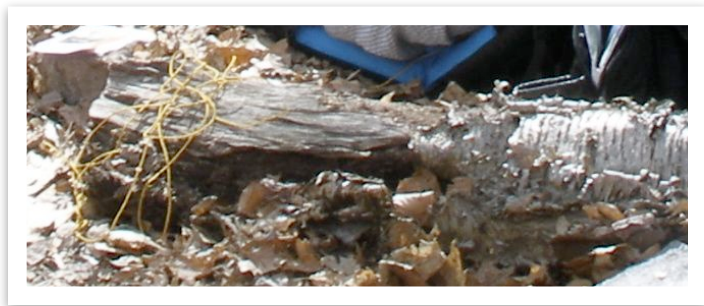
long enough to warm the ground. The temperature was in the low to mid sixties - ideal for hiking. There were very few insects since it was still early in the spring and at this elevation insects had not yet rebounded from the freezing of winter.



1:30 PM Saturday, April 29, 2006

After hiking about an hour and a half, it was about 1:30 in the afternoon and still a beautiful day. About fifty yards down the trail I noticed a log that was about eight to ten inches in diameter lying perpendicular across the trail. The log was old enough that any smaller branches had broken off of it years ago and the log itself was falling apart. I quickly made the fateful decision that I could take that small log in stride. The log was just small enough that I thought I could step over it without pausing but large enough to cause me to ask myself

the question, “Should I stop to step over?” I was moving very quickly along a straight and smooth trail at about five to six miles per hour since the trail was going gradually downhill. Also I was in very good physical condition. I hiked with one adjustable walking stick usually in my right hand to use as extra balance or to test the stability of rocks before stepping on them. As I approached the ten-inch log I realized the log was a little off stride so I would need to extend or substantially shorten my stride to avoid stepping on it. I decided to extend my stride.



The foot of my fully extended left leg just cleared the log with the back of my leg touching the log. When my left foot hit the ground I felt my left knee lock as the back of my ankle pressed against the log. This did not alarm me at first. I had often purposely locked each knee with each stride while hiking up hill to get the milliseconds of rest for my leg muscles that enabled me to continue to hike without cramping or fatiguing too quickly. However at the pace I was going downhill the locking knee jolted me and I felt as if I was falling backwards and to the right, opposite my left foot. To catch myself I

quickly, instinctively, countered the jolt back to the right by rotating my right arm and shoulder forward and to the left. My forward momentum was abruptly turned into angular momentum rotating counterclockwise to the left.

Suddenly, everything went into slow motion. Time seemed to pass like a video on super slow motion, one frame at a time. I watched while my left thigh seemingly slowly rotated counterclockwise off the top of my left leg at my knee - a motion similar to rotating a chicken leg and thigh in opposite directions to break them apart! I gazed with disbelief at first. I could not believe this was happening. I then thought I must have undiagnosed chondromalacia or some rare unusual cartilage and ligament disease. I briefly wondered if all of me might suddenly fall apart! As my thigh rotated independent of my leg I was collapsing to the ground. Then, about half way to the ground with my thigh and upper body rotated by now about one hundred and twenty degrees to the left, while my left foot was still pointing down the trail, the thought came to me, “No - this isn’t any unusual or rare illness, it’s age! The only thing worse than getting old, is not getting old!” While I was actually 57 years old, in most ways I still felt in my mind as though I was 30 something. I wouldn’t say my body felt that way though.

Before I landed, once I’d rotated one hundred and eighty degrees, a part of me shrieked, “Help me!” twice. I felt it was a cry to the world at large, as well as to Tina and Mike who clearly heard me while they were hiking about 100 to 200 yards behind me. My pirouette to the ground continued as I

fell backwards grabbing my left leg. A thought of anger and frustration ran through my mind. Just weeks earlier I had recovered almost completely from right rotator cuff shoulder surgery I'd had two years earlier. I was again playing tennis, which I love, at my previous level. I wondered if I'd ever play tennis again. Then, from some strange almost perversely humorous part of me the thought came – 'well there's always wheel chair tennis and I might be pretty good at it with practice!'

I simultaneously thought it was a good thing my wife Cheryl had not come with me because she had separated her shoulder about a month earlier. If she had come she would have needed help from me. It was clear to me I wouldn't be helping anyone for quite awhile ... if ever.

Another part of me was accepting what was happening very calmly. This side of me started to meditate and helped me feel whatever was going to happen was going to happen and whatever it was – even if I died – it would be okay. This part of me was helping me let go of feeling a need to try to control things that are not controllable. What was happening was happening and that was fine. When I meditate I often go in my mind to the woods for peace and calmness. I quickly felt the paradox of now being in the woods not particularly peaceful or calm. Then, this part of me decided it is a better idea to go to the beach – my other favorite place to be while meditating. So a part of me went to the beach. I actually felt fine overall - other than the pain.

I landed almost gently on my back. My backpack had absorbed my fall. My uninjured right leg was draped over the ten-inch log and was pointing back up the trail. In both my hands I held "a" leg by the ankle in front of me. 'The foot' was about eight inches from the front of my right shoulder and the booted toe was pointing at me. It didn't seem like my foot. Visually – how could the toes of a foot of mine be pointing at one of my shoulders? I momentarily thought it must be someone else's foot. The leg felt like it belonged to someone else too because I couldn't feel the leg being held. My brain was telling me my left leg was down next to my right leg – where it belonged. My hands could feel I was holding a leg but since my leg could not feel my hands holding it a part of my brain was telling me it must be someone else's leg. And my eyes told me it had to be someone else's too because MY foot couldn't possibly be where that foot was. Yet clearly this was my leg that I was holding. It had my shoe and sock on it and the pants were exactly like my pants. The full realization dawned that indeed this was my left foot and leg. My foot and leg had no feeling at all. I suspected it had no pulse too. Agonizing pain was wracking me from my left knee. Staying conscious was a challenge due to the pain. It was initially all very confusing. This all happened in about 15 seconds but it seemed much longer.

The physician in me arrived and took over. He checked to be certain I didn't have a compound fracture, a fracture where a bone or bones have broken through the skin. He or I checked to be sure I was not losing blood externally and was already planning what to use for a tourniquet or pressure if I was

bleeding profusely. There was no blood present. I then wondered if I had a femoral fracture – if my thigh had fractured above the knee – since if I had a femoral fracture it would be necessary to remain still so I would be less likely to develop pulmonary emboli. After the fracture of a large bone, marrow particles from inside large bones can enter veins where the particles then go to the lungs and clog up the lungs like hair in a bathtub drain, suffocating the person. I was relieved to discover my femur or thigh did not hurt when pressed on by my left hand. It was a little difficult to check my femur. I was still holding my left leg in both hands and it was dangling about a foot (no pun intended) in front of my right shoulder. My leg would easily move in a 360° cone in front of me - the point of the cone was about eight inches above my left knee and the circle was my foot. Any motion caused severe pain in my knee. So I held my left leg, completely numb from knee down, in my right hand as I checked my femur with my left hand.

Within about a minute Tina and Mike arrived. I was still draped over the log but was almost sitting up. I believe I'd released my backpack's belt at some point and it was propped on the ground behind me but still on with the shoulder straps. Mike immediately rechecked me for a compound fracture and I appreciated the checking. He confirmed a compound fracture was not present. Tina took my pack off my shoulders and laid it on the ground. Since I was still draped over the log we decided to move me off the log. Mike gently held my leg that was still pointing straight up as I delicately rotated to the right scooting carefully to position myself more or less parallel to

the log. Mike and I both noticed how wobbly my knee was. My lower leg behaved as though it was not attached to my thigh at all, freely but painfully able to move without resistance in almost any direction. My left leg was completely floppy at the knee. Mike handed my leg back to me and Tina placed something behind my back that made it possible for me to lean back and rest.

Once it was determined I did not have a compound or femoral fracture, I wondered how badly was I bleeding in the area of my knee. Had I ruptured a large artery? Would I be able to get any feeling or blood flow back into my leg? I knew I'd have to put my leg back 'where it belongs,' as much as I could, to try to get some feeling and hopefully some blood flow into it. This meant pushing my leg down. I was still holding my leg while my leg and foot were more or less pointing straight up. I told myself it would be ok to scream and perhaps screaming might even be helpful as I pushed my leg back down. I also knew pushing my leg down would hurt badly. I needed to be as gentle as I could in case an artery was already torn or about to tear internally. I didn't want to make things worse by ramming my leg down. I took my leg in both hands and then as firmly and quickly yet controlled as I could, I pushed it back down to where it was supposed to be. About halfway down I started to get dizzy, saw many flashes of white light or stars. I felt I was about to pass-out from the pain when a thought, almost like a voice, seemed to come from the upper left part of my mind and said, "You can't pass out – you're the only doctor here!" And, I didn't pass out! I actually chuckled. It amazed me.

Once my leg was at least pointing in the correct direction I noticed my “knee” was about four to five inches up and on top of my thigh. Ordinarily the knee prevents the thigh muscles from pulling the leg or tibia up the thigh. Since there was nothing solid between my lower leg and my thigh, my thigh muscles had pulled my leg about four to five inches up my thigh so that now my tibia was lying in front of my thigh or femur. The tibia and femur are supposed to be end to end but mine were overlapping by 4-5 inches. My thigh muscles were crushing the nerve and artery between my overlapping tibia and femur. Usually the nerve and artery go down the inside and then back of the knee. Since my knee was now 5 inches up my thigh, the nerve and artery were trapped between my femur and the head of my tibia. I was still in great pain. I knew I needed to push my leg down as far as I could before Mike could use the ace wrap he had brought with him to wrap my leg to limit any internal bleeding from the injury.

I placed both my thumbs on top of my thigh where my leg ended about five inches up my thigh. I then pushed as hard yet controlled as I could. Again I almost passed out but didn't. It was not as painful as the first ‘repair’ when I had rotated my leg and foot back down. Mike then tightly wrapped an ace wrap around the area where my knee had been. My leg from my knee down was still completely numb. Mike checked for a pulse in my left foot and could not find one while he could find one in my right foot. I wondered if the tight ace wrap could be impeding blood flow but decided that for the next fifteen to twenty minutes it was more important to stop any bleeding

that had to be going on at least in the area of my knee. This all took less than ten minutes!



1:40 PM, Saturday, April 29, 2006

After putting the ace wrap on, I tried using my cell phone to call for help. It had worked at the top of the mountain. I'd hoped it would still work in the valley. Unfortunately I correctly suspected that it wouldn't work, even with an analog signal. None of our cell phones worked. Two years earlier, on a trip to Isle Royal, I had taken a satellite phone knowing we would be potentially out of contact for days. I hadn't on this trip figuring we could get a signal at least at the top of the



My crooked knee

mountain if necessary. The top of the mountain was now over two miles away, all up hill and over rugged terrain! At the very best it would be one to two hours to get to a place where a cellphone would work. I got out my GPS and determined my exact location. I gave the coordinates to Tina along with all our cell phones and some water. We sent Tina on her way to call for help as quickly as possible. We chose Tina because Mike has a chronic bad knee and Tina was in better physical condition. We didn't really even discuss who was going for help. It seemed obvious.

I knew my situation was serious as did Tina and Mike but I did not share with Tina and Mike what else I knew. I knew that when blood does not flow it clots and when it clots the area where the clots are, dies. Even worse, the clots in the veins

can break off and travel to the lungs and block the blood flow in the lungs like the marrow mentioned above only worse. Blood clots tend to be larger and more dangerous than marrow particles. If I could not get some blood flow in my leg I would certainly lose it.

I hoped the ace wrap would help prevent pulmonary thrombosis (blood clots to the lungs) if I developed blood clots. It was very likely I would lose my leg and have pulmonary emboli especially if the artery in my leg was too severely damaged from being stretched about six inches, which it likely was. I also knew that I daily took a non-steroidal anti-inflammatory drug (NSAID) that among other things has an anti-platelet and anti-clotting effect. I also took one small aspirin weekly that also helps prevent clot formation. Both the aspirin and the NSAID might slow clot formation that could kill my leg or me. I was thankful for both but not optimistic about my chances at this point. I was also still in severe pain since the main nerve that goes to my leg and foot was being crushed between my tibia and femur after it had been stretched about six inches too. When my left leg hyper-extended it had rotated forwards until the tibia and my knee cap popped over onto the top of my femur. My thigh muscle then started pulling my tibia and knee cap up my thigh further stretching the nerve, artery and veins. When I pushed my leg back down my tibia and femur were still overlapped trapping the nerve and artery between them.

After Tina left, Mike helped me get a little more comfortable on some camping pads. I was still in severe pain. He gave me

a pain pill he had with him for his knee, and I drank about 3 ounces of vodka I had in a flask. Neither helped much. My knee was totally crooked. I sat and scowled at it, mostly trying to ignore the pain as much as I could while the doctor in me was thinking about what to do next.

As I thought about it later, it occurred to me that I had been trained, perhaps unintentionally, in medical school to ignore my emotional or physical feelings when I was confronted by a situation in which a person's life may hang in the balance. In 1977 as an intern, another intern and I had cut open the chest of a 14 year old boy on the driveway in front of the hospital. It was a Sunday morning about 10 AM. I had just walked out the front door of the hospital to go home after having been on call the night before when a blue station wagon roared up, screeched to a halt and a woman jumped out of the car screaming something about her son. I ran over, looked in the back of the car and saw an unconscious young boy lying on the back seat. I opened the door, checked for breathing which was absent, gave him a breath, checked for a pulse that was also absent and started CPR. A fellow resident was moments behind me and joined me almost immediately. Neither of us could get a pulse with CPR. We were both very skilled at CPR having frequently, almost daily, done it at codes in the hospital. Within seconds we realized he likely had pericardial tamponade. Due to fluid that had accumulated in a sack - the pericardium- around the outside of his heart, his heart could not expand to fill with blood and pump it. Using scalpels we often carried for other purposes, we immediately helped each other cut his chest open below his left rib cage and cut open

the pericardium. Mostly clear fluid gushed out confirming the diagnosis. We then continued with open chest CPR. Within minutes the surgeons arrived and took over. We took the boy directly to the SICU, continuing open chest CPR and actually managed to get an unstable heartbeat going. Unfortunately at this point it was determined that he had actually been brain dead for too long before the rescue was attempted. He had probably died at home or on the way to the hospital. The unstable heartbeat could not be maintained. After about a half hour of trying, the code was stopped. The boy was dead. Lay people often get upset with physicians, especially surgeons, when they are emotionally unavailable. However emotions can interfere with good decisions in a crisis situation. The ability of the physician in me to set aside my pain and my emotions was helping me now too. Although for this young teenage boy the result was not what we hoped for, there are many times where quick actions save people's lives.

I realized the intense pain I was feeling was likely from the nerve that usually goes down the back of my leg being trapped between my tibia and femur. This was also hopefully the reason my foot had no pulse. I realized I needed to restore some blood flow at least intermittently to my leg and hoped it might help the pain too. If I had let myself I could have easily passed out from the pain. Indeed remaining conscious was a little challenging. Somehow the pressure on the nerve and artery needed to be relieved.

So, I asked Mike to pull on my left foot away and up from my knee! At first he responded to me like I was crazy. I had to

convince him that I was not intoxicated or crazy but I needed him to at least try to get some blood flow in my leg. It was difficult for me to talk due to the pain so I'd talk in short phrases. We both knew I didn't have a pulse. I was quite worried about my leg clotting off or throwing pulmonary emboli in addition to being in severe pain. I had not talked with Tina or Mike about the possible complications of my situation. They clearly knew it was very serious but I didn't discuss with them how serious. The soonest a rescue team could get to me would be about three hours but more likely four or more hours. Even with an airlift I probably wouldn't arrive at a hospital for four to five hours. Within three hours my leg would be dead. In that period of time ninety percent of people would lose their leg due to the artery and veins clotting off from lack of blood flow and half would be dead or nearly dead from pulmonary embolisms. I had to get some blood flow in my leg. If any arteries were still open enough to support blood flow to my leg, the pressure on the arteries needed to be relieved at least intermittently. After a short discussion he agreed to pull on my leg. I vowed to myself to remain as calm and collected as I could while he pulled.

Mike very very gently cupped my left heel in his hand, placed his other hand on top of my foot and very gently began to pull. I encouraged him to pull harder. I was relieved that his pulling did not hurt at all. Indeed the harder he pulled the better my knee felt! By pulling Mike was partially relieving the crushing of the nerve between the bones. I also started to have some feeling in my foot and my leg. I could feel the warmth of blood flowing into it. Since Mike was pulling he

couldn't check for a pulse. The pain went from a ten to a two on a ten-point scale. Unfortunately he could only pull for about a minute or so. He was fighting my thigh muscles. Mike would rest for a few minutes and pull again, and again I'd have great pain relief while he pulled, and then the pain would return when he'd stop. While Mike was pulling I could think much more clearly. I quickly realized it was impossible for him, or anyone, to do this for hours. It would take at the very least 3 hours for help to arrive. By then he would be exhausted. Also he was likely going to need to hike out and possibly hike out in the dark, uphill, over this difficult trail. Something else needed to be done.

It was obvious I needed to be in traction. Traction is when a part of someone's body is constantly being pulled on. Traction is frequently done in the hospital. How could I put myself into traction with Mike's help? From somewhere in my mind the idea came. I always carry six to eight feet of duct tape and about one hundred feet of eighth inch Kelty Kevlar "Light line" that only weighs an ounce per one hundred feet. Having a Kevlar core the light line is also very strong for its weight. Duct tape will fix almost anything that is torn or falling apart. In the woods this could be a coat, sleeping bag, tent, shoe or anything. Many things can be built using sticks and duct tape. The Light line can replace missing or damaged tent lines, make a handy clothes line, be used to hang food away from critters and for many other things.

My first thought was to have Mike throw the end of the line over a high tree branch and then tie a large rock to it like you

might to hang a food bag away from bears or raccoons. But then I realized this was way too complicated. How could he tie a line on a rock while holding it, or tie it to the rock while it's on the ground and then pull it up and tie it to my leg? I looked around for other ideas and saw a 3-4 inch sapling about 30 feet from the end of my left foot.

I asked Mike to get the duct tape out of my pack and wrap it, over my sock, in a figure eight around my left ankle and foot leaving a space under my foot. Then I asked him to get the Light line, that is about 200 pound test, and loop it beneath the tape under my foot and tie it. I then asked him to take the line around the tree, about four to five feet up, that was 30 feet off the end of my foot and bring it back around a

3 inch tree that was right behind me leaving the line about a foot over my head. I was immensely grateful that he cooperated with my requests. Due to the intense pain I was in when he was not pulling on my leg I couldn't speak long enough to explain my plan. He handed the remaining line to me. I tightened the line as much as I could and then tied a taught line hitch over my head. Using the hitch I tightened the line more, slightly pulling and bending the trees together until my left foot was coming off the ground and being pulled away and up on firmly. With my leg suspended Mike checked for a pulse and I had a pulse in my left foot! Also the pain was at a 2. The pain was truly mild. I could have slept there if I'd needed too. The ace wrap around my knee was not stopping the blood flow.

3:40 PM, Saturday, April 29, 2006



My spirits rose immensely. I was very hopeful I would not lose my leg or die since the blood was clearly flowing in me now. Sometime before my leg was pulled on but after Tina had left, I'd asked Mike to get my camera to take some pictures. Now I asked him to take some more pictures. I remember him taking one where I was holding my hat in the air smiling, to try to communicate that remarkably, miraculously, I felt pretty good now.

My worry about how long it would take for a rescue team to arrive was replaced with worry about how quickly a rescue team could get me out. It would be difficult if not impossible to carry me out in traction. I would likely need a helicopter to evacuate me because traction during transportation would be

difficult if not impossible. If it took very long – an hour or more – to get to a hospital I could still have serious consequences if I was not in traction for even an hour. Thus I would need to get to a hospital quickly. I still knew that I could lose my leg if my knee was so shredded that they would be unable to reduce it (put the tibia and femur end to end again) at the hospital. But the traction was stretching my thigh muscles making it more likely that my leg could be reduced if I could get to a hospital quickly once I was out of traction. I spent some time wondering how I could create a portable traction device if it became necessary - if there was no helicopter available....

Mike and I started talking about all sorts of things. His mother passed on this past winter from cancer. I wondered if he was able to talk about it and briefly opened the topic allowing him to drop it or continue as he wished. We talked about his relationship with Tina. And we told stories about past experiences. For me it was enjoyable getting to know Mike better.

A couple hours later two young men came walking down the trail. At first we hoped they were the rescue team. They looked like they were in their early twenties and were out for a weekend camping. I wondered how prepared they were for emergencies on their camping trip but didn't ask. They said they had met Tina at the top of the trail where she was waiting for a rescue team to assemble. Tina told us later that the 911 phone service had changed shifts and fumbled her initial call to them! She called back, reached a supervisor and

made things happen. I felt safe with Tina handling the situation. She is able to be clear, firm and strong when she needs to be. I was also really glad I had both Tina and Mike with me. Without both of them the end of this story would have been very different. The two young men stayed a few minutes and then went on down the trail carefully managing to wriggle around my traction that was now blocking the entire trail.

Less than an hour later a very friendly elderly couple probably in their late sixties came down the trail. I hoped that his wife was as happy to be in the woods as the gentleman was. She did seem to be enjoying herself. They were interested in helping anyway they could and stayed and talked for about fifteen minutes. Then they also wriggled around the traction and continued down the trail. These visits were an enjoyable distraction and helped the time pass more quickly.

4:30 PM Saturday, April 29, 2006

Shortly after the couple left Mike saw Tina coming down the trail with a hearty looking young man who was about six feet tall, very fit and trim. He wore blue jeans with a grey sweatshirt and had a short partially trimmed beard. He was very friendly and calm. He asked Mike, "Who's the MacGyver?" referring to my traction and Mike pointed at me saying I was a doctor too. I liked him, which felt very reassuring. He seemed



competent, focused and also able to listen. He had a radio with him that he could communicate with his team leader but the radio could not call out of the valley. He called the team leader telling him I had a severe knee or leg injury, was in traction, and could not walk at all. After a brief discussion they decided a helicopter was needed to get me out. I was relieved they were thinking the same way I was. He sat down and said the rest of the team would be here shortly. Six more large and strong looking men (but not as trim as the first one) arrived along with the team leader. Shortly afterwards a woman who was a paramedic or nurse arrived. They checked my leg and put a splint on it. I started to worry about how long it would take for me to be evacuated and how long I might be out of traction. I kept my questions to myself and trusted the rescue team.

5:45 PM Saturday, April 29, 2006

A little more than an hour after the arrival of the first rescuer, and about twenty minutes after I was out of traction but in a splint, the helicopter arrived.



‘Duckman’ and the Helicopter in the trees

Tina had given the team leader the GPS coordinates I’d given her so the helicopter had been able to fly directly to us. Unfortunately there was no place to land and virtually no break in the trees any place close. The helicopter hovered around the area looking for the best opening and decided they could drop in a basket with a flight rescue crew member where the stream ran under the rocks – more or less in the middle of the stream.

The rescue team from Elkins loaded me onto a stretcher they had brought down the trail. It had one wheel about eighteen inches in diameter mounted beneath the center of the stretcher.



The stretcher was mounted on the wheel and balanced about three feet above this wheel. With the wheeled stretcher the rescue team three fourths carried me and one fourth rolled me about fifty yards back up the trail to where the helicopter was lowering a rescue basket. With leaves blowing everywhere and the loud whipping of the helicopter rotor almost drowning out communication on the ground, they transferred me to the helicopter basket, strapped me in, placed a webbed tent over

the basket and then the helicopter winched me up through the trees. The crew member who had descended with the basket was left on the ground. Branches bounced off the webbed tenting as I was lifted and the helicopter ascended. I later learned the pilots name was David Cooper. His nickname was 'Duckman' relating to a time he'd been downed by a duck - see Mike's journal. I was greatly appreciative that Duckman was as perseverant as he was otherwise I would have lost my leg.



Jim being winched up.

5:53 PM Saturday, April 29, 2006

As I was being winched up I was laying on my back strapped to the basket almost immobile with the downdraft from the rotors vigorously blowing on me. It was getting near dusk and it was cold up in the air. The downdraft amplified the cold dramatically. Once the basket had been winched even with the left hand or port door of the helicopter a very friendly

flight paramedic, who had a flight helmet on with a microphone, pulled the basket over to the door and shouted, "We need to land in order to bring you in! Did you hear me?" I nodded vigorously. I wondered how long I'd be hanging outside, up in the down draft that was freezing me. I later found out his name was Alexander Kelly.



It seemed like a half hour but I am sure it couldn't have been more than five to ten minutes before the helicopter landed in a field of brown grass on top of what seemed like a large old worn down mountain. My whole body was shivering uncontrollably by this time. I wondered which felt worse, the shivering or my knee or the two together. Once the helicopter landed David Cooper and Alexander Kelly quickly jumped out of

the helicopter, ran to detach the cable from the basket holding me, and almost ran with the basket and me to the other side of the helicopter. The basket I was strapped in was designed to attach to an arm that on the starboard side swung out from inside the helicopter. The basket, now firmly attached to the arm, swung into the helicopter, the crewmen jumped in and we took off for the hospital.

I don't remember clearly what happened but I know crewman Kelly started an IV and very likely gave me some pain medication. It was warm in the helicopter, which felt great! He told me it would take about fifteen minutes or so to reach the hospital. I could now see why they had flown with me outside. It was a small helicopter. The winch and winch arm took up most of the port door space and the stretcher basket I was in, along with the arm it attached to, took up most of the starboard side of the rear cabin. It was fairly noisy but I could communicate with the paramedic. He sat crouched on my left side in the middle of the cabin as we flew to the hospital.

7:20 PM, Saturday, April 29, 2006

The nearest hospital with landing facilities was in Cumberland, Maryland. Almost immediately as the helicopter landed, the emergency room team from the Western Maryland Health System Memorial Hospital met the helicopter. Again I don't recall the exact details, but I believe I was rolled into the

hospital and transferred from the basket to a stretcher in the emergency room. No sooner was I transferred, than x-rays were taken of my leg and blood was drawn. It was confirmed I had a completely dislocated left knee with a fracture of the head of my left fibula as well. The leg needed to be reduced immediately if it was at all possible. There was no waiting on this trip to the ER. The emergency room team was aware I was a physician. I indicated I knew that they needed to 'knock me out' to try to reduce my leg. Also I knew that if they could not reduce it they would need to amputate it to try to prevent pulmonary embolisms and save my life. I quickly signed the surgical informed consent form for them to try to reduce my leg or amputate it. Then the anesthesia rendered me unconscious which was somewhat of a relief. I was no longer 'the only doctor here'.

When I woke up it seemed about an hour or so later. I was still laying on a gurney and was being transported someplace. I was quickly told I was being taken to the angiography lab where the status of the blood vessels in my leg was going to be determined. This meant I had a leg! I looked down and indeed could see I still had my foot. I felt great! I watched on the fluoroscope in the cath lab as dye was injected into my femoral artery and flowed down my artery. A few centimeters below the branch where my popliteal artery separated from the femoral artery (just below the back of my knee) the dye stopped. The internal wall of the popliteal artery had obviously been shredded from being hyper-extended anteriorly or forwards about six inches on its journey up to my right

shoulder. My popliteal artery was completely blocked by the torn inner wall of the artery and possibly by a blood clot too.

I knew I needed an emergency femoral popliteal bypass to save my leg and prevent a potentially large pulmonary embolism. The emergency room staff told me my traction had saved my leg and possibly my life so far, but the artery was so damaged that it needed to be operated on as soon as possible or I could still lose my leg. No surgeon in Cumberland was available who was experienced with this type of injury. The ER staff had already contacted the Shock Trauma Center in Baltimore, Maryland, one of the top trauma centers in the world. With strong encouragement from the emergency room physicians Shock Trauma agreed to accept me. Arrangements were made for me to be flown there as soon as a helicopter could take me.

11:00 PM Saturday, April 29, 2006

By now it was around 11 PM or midnight. Tina and Mike showed up and I was surprised and delighted to see them. I appreciated greatly the effort they had gone through not only earlier in the day but now driving to Cumberland after they'd hiked out of the woods also. I wasn't sure how far Cumberland was, but I did know the roads much of the way were back roads, likely poorly marked, two lane and winding through the valleys on the eastern slopes of the Allegheny mountains. These roads are not easily navigated in the middle of the day let alone in the dark, after a physically and emotionally exhausting day. I felt extremely well taken care of and loved.

This felt like a part of the Tao, of the balance, to what I was experiencing. While on the one hand I was very seriously injured, and knew some would have died, I was also experiencing the caring, helping and responsiveness of the world, the emergency crews, the hospital personnel, the helicopter pilot and my family. My earlier screams that had gone out to the world felt responded to. Though still worried about my leg, I felt safe. I was happy to see the same helicopter crew, David Cooper and Alexander Kelly, show up to transport me to Baltimore. By chance the seven other Maryland State Police helicopter crews were busy on other runs. Tina and Mike accompanied the hospital staff as I was rolled on a stretcher back to the helicopter. Mike gave some of my personal items to Alex. I said “thank you” and “goodbyes,” and the helicopter quickly took off for Baltimore.

3:00 AM Sunday, April 30, 2006

I don't know how long the flight actually took but it was about 3 AM when the helicopter landed on top of the Shock Trauma Center in Baltimore. I was again very quickly transferred to a preoperative holding area. My valuables bag that Mike had put on the helicopter with me was also transferred with me to this area. A nurse took the bag and locked it up in a cabinet under a desk - a very important detail that I recalled later. It had already been determined I needed a femoral popliteal bypass and I was told that as soon as the surgeons arrived I would be taken into surgery. I was dozing on and off but not sleeping deeply.

The surgical team had assembled by four to five AM and I was taken into surgery. The lead surgeon informed me that he had decided it was prudent to ‘harvest’ the saphenous vein from my right leg rather than from my left since my left leg was already so traumatized. I agreed and signed the consent forms. I felt better about this surgery since the loss of my leg no longer appeared to be imminent. The surgery took about 5 hours and I was under anesthesia for about 5 to 6 hours. This was the second time in less than 24 hours I had been under anesthesia and I wondered how long it would take me to recover mentally. There is a fog and sometimes headaches that can hang around after anesthesia for days and up to a week or more for some people. The length of the recovery seems related to the length of the anesthesia. Six hours is a long time to be under anesthesia.

The operation was complicated and being done urgently. They harvested about one and a half to two feet of my right saphenous vein which ran up the inside of my right thigh. They then used it to run a bypass from my femoral artery about six inches above the inside of my left knee, feeding it through a surgically pre-formed ‘tunnel’ around and down through the back of my left knee. Then it was connected to my tibial artery just above the inside back of my left calf below the damaged artery. The vein was prepared so that the valves in the vein would no longer function and interfere with the arterial blood flow. Veins in our legs have valves that help prevent blood from falling back through them after it is pumped forwards. These valves were stripped from the inside

of the harvested vein. Additionally two eight to ten inch incisions were made on both sides of my calf to 'score' the surface of the underlying muscle to prevent 'compartment syndrome'. Compartment syndrome is when a bruise forms in a muscle. The bruise then can cause so much swelling that no blood can flow into the muscle and the muscle dies. This may be prevented by creating openings in the sides of the casings that contain the muscles so the muscle can expand as the bruising expands so blood can still flow through the muscles.

Sunday 11:30 AM, April 30, 2006

When I woke up six hours later I had ninety-eight staples in my legs – forty-eight in my right leg and forty-eight in my left. I had hoped obsessive people had done my surgery and I took this as evidence that they were! I was very groggy but not in too much pain. I was getting pain medication IV and/or by mouth about every three to four hours. A couple of hours later, around noon, Tina and Mike showed up. I again was delighted to see them. I was not too alert though, and retrospectively wondered if I'd even stayed awake while they were there. It seemed to me they were only there a few minutes, though I know they stayed longer. They told me, I think, that Cheryl, my wife, was on her way. I had talked to Cheryl a couple of times on my cell phone I believe. Between the anesthetics and pain medications I was having some difficulty remembering what had been or was happening. Before Cheryl would get here, Tina and Mike needed to leave in order to drive home to Pittsburgh. They both had to work

Monday morning. They left my car in the parking garage at the hospital so Cheryl and I could drive home later.

About an hour after Tina and Mike left Cheryl arrived with Peter my longtime friend and camping buddy. When I saw them I started to cry for the first time. It was a combination of released fear, joy, fatigue, relief and pain. It felt good. They were very happy to see that I still had all ten toes – which of course I was still very happy about too. They had flown in from Cincinnati. Peter had lived in Baltimore for several years during his young adult life and still knew his way around. It felt great to see both of them.

I remained in the hospital for three days, Sunday to Tuesday morning. While my surgery and overall medical care had been exceptionally wonderful, my nursing care and hospital experience was a Dr. Jeckle and Ms. Hyde experience. Late Sunday I noticed that my uvula was swollen to the point that I could hardly swallow. I mentioned it to the nurse and the doctors when they made rounds. In typical nurse and doctor fashion they ignored it if it wasn't critical or in their area of expertise. The day nurse was, bluntly, incompetent. The nurses worked twelve-hour shifts, which was bad news for me. This nurse kept me on a liquid diet for the three days even though I'd been advance within twelve hours of the surgery to a regular diet. Cheryl smuggled me in some real food when I'd given up on getting any from the nurse. She was always very late with pain meds sometimes by hours. She totally ignored my complaints that I was having significant difficulty swallowing. On Monday when I asked her for my valuables she

told me I didn't have any valuables because there was no form in the chart indicating this. My words about where my valuables likely were never penetrated her brain or attention span.

Monday, May 1, 2006

The night nurse on the other hand was as good as the day nurse was bad. She was always on or ahead of time with the pain meds. She heard me complaining about my difficulty swallowing, looked at my throat and was shocked at how large my uvula was. Monday morning she made certain the doctors paid attention to it at which point I became the freak show of the floor and maybe of the hospital. At least twenty medical students, residents and doctors stopped in to gaze at my amazing uvula. An internist was consulted and the anesthetist stopped by to see it. I was waiting for someone to address me as Mr. Uvula! The anesthetist thought it was from the number and length of time I'd been under anesthesia. He said he had seen it before but not often. It was at least one and a half inches long and at least an inch wide! I could flip it back and forth with my tongue and it would come halfway forward along the top of my tongue when I flipped it forwards! Fortunately it didn't hurt or perhaps the other pain and pain meds masked any pain that could have come from it. Surprising to me, my throat was never cultured. I was started on IV steroids and given an antihistamine IV. The antihistamine instantly knocked me out. I remember that distinctly. The kind night nurse had come in after the doctors had been in and

said they had ordered an antihistamine IV. She said it might make me tired. She was still saying something when suddenly I felt dizzy and fell asleep – or passed out. I didn't wake up for at least four hours and Ms. Hyde was back - unfortunately!

I was now getting worried about my valuables. I knew they were in the hospital somewhere but I had no idea where, and Ms. Hyde had no intention of helping at all. I did have a cell phone Cheryl had given me. I couldn't reach the room phone, and in appropriate Kathy Bates 'Misery' modality, Ms. Hyde wouldn't help me get the room phone, so the cell phone was a godsend. Even if I'd gotten the room phone if dialing 'O' didn't get help I'd have been lost because there was also no other information in the room regarding getting help other than Ms. Hyde's call button. I enviously recalled how Good Samaritan Hospital in Cincinnati, where I'd done my internal medicine internship, had a phone in every room with a red sticker on it that said something like, "If you are having any problems, call this number," and a four digit extension number was listed and calling it did get you help! Good Sam also won a national award a few years later for best humanitarian patient care in the nation. Eventually I called long distance information on the cell phone, got the number for security at the hospital, called security from 'outside' the hospital and got an answering machine where I left a message regarding my valuables – I knew they were in the hospital but I didn't know where for sure. I asked security to call me back on the cell or stop by my room. They did neither. I started worrying that my valuables had been stolen. This would include my wedding

ring, wallet, drivers license, credit cards, cell phone, Palm organizer etc.

I was starting to feel very upset about my missing things – likely shifting some of my fears about my injury and losing my leg or life to the loss of my things – when a kind elderly hospital volunteer dressed in a light pink hospital apron happened in. She was an angel sent by God and asked how I was doing. I usually hate to complain but after apologizing for bothering her I told her my story of my lost valuables, my nurses indifference, securities non-response, and asked if she had any idea what I might do. She said she didn't know for sure but she'd try to find out. I trusted she'd do something and that felt very good.

About two hours later a woman from hospital relations or human resources or something like that showed up accompanied by a security guard. She had the bag that had my valuables in it. The security guard that was not responding to my call had been called by this woman and they opened the locked cabinet that no one else seemed to have a key to or perhaps even knew existed. She had found my valuables in whatever pre-op room I had been taken to (which I had already told Ms. Hyde who ignored me). Since I'd come in through the roof instead of the ground floor doors many of the hospitals normal routines had been bypassed. Obviously one of these was to lock valuables in a safe, and put a form in the chart that outlined the contents. This totally confused Ms. Hyde. I've been blessing the volunteer lady ever since and have a

much greater appreciation for them now too – along with helicopters!

Monday morning a group of resident surgeons arrived. One of them, who barely looked at me, hurriedly began to unwrap the gauze dressing that was wrapped around my left knee. When he was almost done, he started pulling on the end of gauze so quickly that before I could stop him he'd pulled about a four foot piece of it across the back of my knee so hard that it left a bleeding one inch rope burn cut in the back of my knee. The scar from this is still there. He never realized what he'd done. I was still not particularly alert and before I could really say anything other than 'ouch', which he probably thought was from the rest of my knee pain, he was gone. A nurse came in and rewrapped it. I'm putting it in this story mostly to satisfy the part of me that seriously considered trying to write him a letter. I don't know his name though I could identify him in a lineup!

Sometime Monday or Tuesday I was taken to the Doppler lab where the status of my bypass graft and blood flow in my feet was evaluated. Among other measurements he put a tiny big toe sized blood pressure cuff on my big toes and using a Doppler machine took the blood pressure in my toes! I have to go in to a Doppler lab every three months for the first year to have the openness of the bypass graft assessed since there is a chance that 'intimal hyperplasia' could begin to occlude the graft. I also have to take a regular adult aspirin everyday to try to prevent 'intimal hyperplasia'. My Doppler studies thus far have been very good.

Tuesday, May 2, 2006

Tuesday morning after my first sponge bath, a dark haired young energetic friendly rather thin woman showed up like a Santa Claus with toys. She had three odd looking objects. She was a Physical Therapist and had no difficulty getting me out of bed to go for my first 'walk' on crutches. I was roaring to go but she only wanted me to go out of my room across the hall and back into my room. I wanted to continue right out to and down the elevators! After my brief sojourn on crutches she showed me some very handy devices.

The first one was a three-foot pole that had a seven-inch circle on one end of it and a small loop handle on the other end. It was used to enable me to lift my damaged leg that was in a straight leg splint. This was accomplished by putting the circle over my foot so that it was looped around the arch of my foot. Then by pulling on the end closest to me I could easily raise my leg. It was surprising how easily this looped pole made it to lift my foot. I continued to use this device for the next four months as my leg recovered from knee surgery as well.

The second 'toy' was a piece of blue plastic that looked like a six inch diameter pipe that was eight inches long only it was only half of the pipe making a cupped channel. To one end of this channel a white rope was looped with one end attached to each side of the channel. The device looked sort of like a red

roofing tile with a rope attached to it. It turned out I could use this to put a sock on my left foot. The open end of the sock is pulled over the channel end without the rope then I'd put my foot in the roped end, pulled on the rope and the channel would slide up the bottom of my foot pulling the sock on with it! Clever device! I didn't use this as much as the pole because even with my leg held straight in the brace I was able to reach my foot by simply leaning forwards fairly soon after the surgeries.

The third object was a three-foot reaching device that I could use to pick up clothes, reach things with and enabled a little more independence. It had a one-inch rubber peg on one side that I could hook things with and two jaws with rubber lips on the other side. The end in my hand had a clamping device that would close the jaws when I'd squeeze it. We are still using this to reach things that some elf shoves way under the bed when we are sleeping. I used it almost constantly when I couldn't even move around on my bed very well.

By Tuesday morning my uvula was healing and I was feeling strong enough to travel home. I planned to have my knee repaired in Cincinnati once the femoral popliteal bypass healed enough, which would take at least ten weeks. When the doctors came in they discharged me. I needed to continue to take an injectable anticoagulant called Lovenox twice per day. My wife pales with paper cuts so giving the shots was up to me (she objected to this claim and, I admit, it could be more my own counter dependency...). I'd never given myself a shot before. But to go home I was going to have to give myself the

shots so I did. The needle was a very short and thin one, like an insulin needle, so it wasn't too bad. Then there was the luck of whether I'd hit a nerve in my skin when I'd give myself the shot. Most times I was lucky and didn't feel much but every now and then I'd hit a local nerve and not be too happy about it.

Cheryl headed down to the pharmacy to get my discharge meds. She came back about an hour and a half later describing the typical over crowded inefficient hospital clinic pharmacy. But she did have my Lovenox and pain meds. It was about ten in the morning and I was discharged but needed to wait for Ms. Hyde to help me get wheel chair transport to the lobby. It took over two hours to get wheel chair transportation via Ms. Hyde and I still believe she just forgot about it several times! When the wheel chair arrived Cheryl left to bring the car around and a young woman pushed me down to the elevator and waited with me outside the hospital.

After Cheryl pulled up to the curb, I tried to get into the front seat of the car. The car is a large SUV, a Mercury Mountaineer. Even though it is a large car there was no way that I was going to be able to sit in the front seat with my left leg in a straight leg brace. I probably couldn't have even gotten in the back without the blue pole to raise my leg.

When we found I-70 out of Baltimore I began feeling much better. I was propped up in the back seat with my left leg extending across the seat to the left on top of a pillow. My right leg was also extending to the left onto the floor and I



was leaning against the door with a sleeping bag stuffed behind me. I was reasonably comfortable but needed a couple more pillows. It was now clear to me that the only thing that was going to get me to move was to go to the bathroom.

Initially I'd hoped we might be able to get all the way home in one day. With the late start and a distance of 525 miles with one

driver, it soon became clear that we would need to take two days to drive home. I was disappointed. We set Morgantown, West Virginia as our goal for today. The weather was sunny and warm and an ideal day to be driving. Since it was a Tuesday, traffic was light. About an hour out of Baltimore we stopped for a fast food snack and a bathroom break. I had my first experience getting out and back into the car. It wasn't too bad but it took awhile. Everything was going to be very

slow on crutches. I also quickly learned that I needed to take my pain medication 'by the clock'. If I went more than four hours between doses an invisible person with an ice pick would show up and start stabbing me quite painfully in my left knee and leg. My right leg had its share of pain too not as stabbing as the left but with forty eight staples holding it together and two feet of my saphenous vein missing it wasn't particularly happy either.

We stopped about half way to Morgantown to buy some more pillows. We arrived at a Courtyard Marriott about 6 PM. I knew I was irritable and was doing my best to 'keep my mouth shut'. The pain was getting to me. The entire ordeal from Saturday to now was beginning to sink in as I was emerging from the fog of two anesthetics. I was out for about 2 hours for my leg reduction and 6 hours for the bypass. I was not myself. Cheryl was very helpful almost doting. We'd noticed an Outback restaurant on the way to the Courtyard and decided to get take out. Once I was settled in the room Cheryl ordered the take out and I began to calm down and settle in. I was very happy to be away from Ms. Hyde and to have some degree of control over what would happen to me next.

When Cheryl left to pick up dinner my mind began to wander and daydream. I began to feel settled in and relaxed. All that happened was coming back and I could feel some deep feelings of being totally overwhelmed. I decided to allow these feelings to surface and shortly started to weep from the same part of me that three and a half days earlier had screamed, "Help me!"

I cried for about fifteen or twenty minutes and felt immensely better and much less irritable when I stopped. Cheryl arrived with rare prime rib, a loaded baked potato, and warm bread with butter (apologies to the vegetarians among you). I almost started crying again!



After dinner and more pain meds I fell asleep and would only wake every four hours to take more pain meds and then fall deeply back to sleep. I felt much better Wednesday morning and briefly wondered if I could drive – denial can be such a wonderful thing at times. The difficulty of just getting off the bed and into the bathroom quickly erased that idea. I then had my first experience of trying to groom myself while I was on crutches and unable to shower due to the dressings. My left leg was in a straight leg brace and my right leg was

wrapped in gauze covered with a self-clinging ace wrap from my calf to my groin. I was surprised how weak I was. I was not allowed to bear any weight on my left leg and my surgically traumatized right leg was complaining vigorously that it shouldn't have to carry the entire load either. Just standing on my right leg to brush my teeth was exhausting. I had to keep my balance while I leaned over the sink and managed to get the toothpaste and toothbrush into my mouth mostly with one hand while my other arm helped to stabilize me. I did NOT want to fall over – that was absolutely not an option.

After what seemed like and could have been an hour or more I was a little cleaner than I had been and awkwardly crutched out of the bathroom. I couldn't carry anything to the car. Cheryl packed the car and I spent about five minutes inserting myself back into the backseat with my extra pillows. Getting positioned was very painful – more painful than I'd recalled from the day before. I wondered if the bruising from the trauma and surgeries was developing and adding to my pain or was I just becoming more aware of things as my mind was starting to clear from the anesthetics and function better. I had to enter the car left leg first since I could not bend it at all. The blue pole with the loop and hand holder was extremely useful for holding my left leg pointing straight out. Then I would hop forwards until my leg was parallel to the backseat and suspended over the pillows. After setting my leg on the pillow I could use my two arms to lift my body into the car by holding onto the roof with my left hand and the top of the door with my right hand. Then while hanging from the roof

and door I'd slide my right leg around to be across the floor. Once I was positioned I was quite comfortable as long as I didn't move much and we didn't hit too many big bumps on the road. I'd think long and hard before I'd consider getting back out of the car!

Afternoon, Wednesday, May 3, 2006

When we arrived in Cincinnati I was elated to be home. I couldn't really express this though, since by then I'd learned that stillness was a virtue and movement brought pain. All I remember was getting to my bed and collapsing there. I have little recall of what happened beyond this at least for the following couple of days except that the ice pick man was still showing up every four hours until about Saturday. The front surface over the shin of my left leg was numb from my knee



down to the inside of my foot. The ice pick person was stabbing me randomly in my left knee, the inside of my left ankle bone, and in my left and right groin, sometimes even when I had recently taken my pain meds.

The first couple of days I spent any energy I had setting up doctors appointments for my vascular surgery follow up and future knee repair. At the Cumberland hospital I had been diagnosed with complete ruptures of my anterior and posterior cruciate ligaments – ligaments that prevent the knee from dislocating forwards or backwards. Also outside to the left of my left knee the head of my fibula was broken. The lateral collateral ligament that holds the fibula to the outside of the knee was torn but not ruptured. Fortunately the medial collateral ligament that holds my tibia to my knee was not torn and thus prevented my thigh muscles from pulling my knee further up my leg during the hyperextension and complete dislocation – when my left foot was twelve inches from my right shoulder.

About a week after I got home I met with the vascular surgeon, Dr. Mesh, whom I was referred to by my surgeon in Baltimore. Dr. Mesh followed me post op, removed my staples about 2 weeks after my surgery and is following the functioning of the femoral popliteal graft. I also saw Dr. Colisimo regarding my knee repair. It was decided to wait until all my staples were out to get an MRI of my knee. Then, depending on the condition of the meniscuses, he may try to repair my knee. If the meniscuses were badly torn I would likely need a total knee replacement.

Saturday, May 27, 2006

Saturday, May 27th I went to Paul Brown Stadium for an MRI of my knee. I was still on crutches and beginning to get the hang of it. I could drive without difficulty since my right leg was mostly healed. Since I was still non-weight bearing on my left leg I had been started on electrical stimulation of my left thigh muscles to try to prevent some of the atrophy that was occurring due to lack of use. I had purchased a 'shower chair' after having first tried sitting on the floor of the shower and then on a stool neither of which worked very well. I got an ultra short haircut to simplify grooming. I spent 90% of my time sitting at work or sitting on my bed at home. I learned all the drive throughs and restaurants that would bring food out to my car since going in any place was an ordeal. On a trip to the liquor store the clerk kindly put my purchases in the car for me. People were often very helpful. Most people opened doors for me, which is very helpful when you are on crutches.

Shortly after the MRI I met again with Dr Colisimo. The great news was my meniscuses were in very good condition. The bad news – already known – was confirmation that my ACL and PCL were completely ruptured but likely could be repaired. The ACL would be repaired with an 'allograft' – an Achilles tendon from an organ donor (I already was an organ donor before this accident but now am even more supportive of organ donation.) - and my PCL would be repaired with an 'autograft' from my own left patellar tendon. The surgery would need to wait until my bypass graft was almost

completely healed. The usual tourniquet procedure to prevent bleeding from my knee during the surgery would not be used so the arterial bypass vein graft would be less stressed by the surgery.

The surgery was scheduled for Friday, July 14, 2006. It would be an outpatient surgery so I would be going home after the surgery. I was not looking forward to the surgery. Remembering how foggy I'd felt after the first two anesthetics and the pain following the surgery, I made a conscious decision to wait to write about my adventure until after my knee surgery. By not thinking frequently or specifically about what the experiences had been with the previous surgeries I felt I would be more able to keep my anxiety about having another surgery to a minimum. I did however keep some notes about what I was experiencing that this journal is derived from.

I was able to return to work the second week of May. After discussing it with others I had decided the marker for returning to work would be to need no prescription pain medication during or before the time I worked. I enjoyed going to work. My life had become quite restricted. I had typically been very busy with exercise, work, shopping, fixing things, and my family and friends. I was now relegated to my bed at home and my chair at work, both places where I could sit with my left leg up. I was grateful for friends who briefly visited me at home while I was stretched out on my bed!

Getting around the office and the house was difficult on crutches. Physically I never had a problem getting around but I

had to use both hands on the crutches so I had to come up with other ways to carry things. A friend at work said, "Why don't you get a daypack for your computer and papers?" I thought what a great idea, why hadn't I already thought of that? I already had the perfect daypack at home. However you cannot carry everything in a daypack. Food or ice from the kitchen and other small things were a problem solved by the discovery of a device called a Rollator. It is a four-wheeled walker like device that has a seat, two hand brakes and a storage bin under the seat. The seat, being a flat surface, was handy to 'carry' things that needed to be upright such as a plate of food. I had all these things in place and ready when it was time for my last surgery.

Friday, July 14, 2006

I called the day before my surgery to confirm it was still on at noon. I was told it had been moved from noon to 8 AM. I was happy about the earlier surgery but a little worried that I hadn't been notified previously. It undermined my sense of security that the staff of the out patient surgery department knew what they were doing and could take proper care of me. In any case Cheryl drove me in, we filled out the papers and I went into surgery. Perhaps fortunately I remember very little about it. It seemed to me that when I arrived I was taken directly into surgery and woke up about three hours later feeling no time had passed. Compared to my previous surgery

this one was over quickly. Cheryl drove me home and I fell asleep once I got there. The person with the ice pick was back though.

This time I had already planned to take nine days off from work after my surgery. I needed pain meds for about the first six days and after that only at night. I was again in the straight leg brace. I was again using a “CPM” device, for Continuous Passive Motion, that flexed my knee. I increased the amount of flexing by about one degree every day or so. Starting about ten days after the surgery I was back in physical therapy. Initially I went three times a week and gradually tapered as my strength and ability to do the workouts at home increased.

I remained on crutches until September 12, 2006, four and a half months from my initial injury. I hated every day on crutches due to the slowness of getting around and problems carrying things. I didn’t mind the physical effort. I thought the physical effort was probably good for me. I had walked briefly with a cane for about a week before my ACL and PCL repairs. I was surprised that my shoulders never got sore from the crutches. I had learned how to use a ‘pee bottle’ to minimize trips to the bathroom at home. It was a gallon bird seed bottle that had thick clear plastic walls, an ideal sized opening at the top and a lid that screwed on securely. The maid threw out my first one so we went to the store, bought another one, and I wrote all over it in black permanent marker “KEEP” and “DO NOT THROW OUT”. I still have it – perhaps a

little affectionately. It REALLY simplified life. I suppose it’s about time to throw it out!

By October I was back on my bicycle having been fitted with an interesting knee brace that fits my knee almost exactly. A man came to my office with a brief case that contained two measuring devices. The devices took multiple measurements of my knee to the millimeter. The brace is so slender that it fits under dress slacks. I worked up to thirty-mile bicycle rides and three mile walks by mid October.

I am still not doing any activity that would involve rotating my knee such as hitting a tennis ball or golf ball. I am walking five-mile loops under seventy-five minutes and riding a bicycle pretty much as long as I want to. Dr Colisimo, my orthopedic surgeon, and Allen Howell, my physical therapist, both have said that the longer I put off activities that may rotate my knee the stronger my knee is likely to heal as it scars down. This adds up to waiting six months from the knee surgery to start to do anything that involves rotation. And nine months to a year or more to do anything involving aggressive rotation such as competitive singles tennis. But I will be back playing tennis at some point.

Sunday, December 17, 2006

As I finish this portion of my journal I realize much has changed, I have much more change to experience and the event of dislocating my knee will take years to resolve to a

point that my life feels 'normal' again. The nerves in my left leg are still regenerating and I periodically have a sharp second pain whenever a nerve 'comes back on line'. I have to be careful not to hit my left shin because it remains almost totally numb and could remain so permanently. I can't feel it being hit which could lead to injury without being aware of it. When I walk I consciously think about not fully extending my left leg and thus not risking hyper-extending it and either damaging the repairs or simply dislocating it again. These are the mechanical changes.

While life has always been precious to me, this experience powerfully reinforced many of my beliefs and feelings. I am a firm believer in the Tao – the balance of life. This belief was a part of what helped me remain calm as I was falling and then trying to save my leg and life. I believe in Love and that there is much goodness in the world and in the people around us. Most immediately my daughter Tina and Mike's ideal reaction to what happened literally saved my leg and possibly my life. And then the rescue team, the helicopter crew, David Cooper and Alexander Kelly, the hospital staff – especially the night nurse and volunteer, the doctors and medical staff that cared for me, the society that creates helicopters, hospitals, medications and research that nurture us and the company that makes a brace that fits so precisely. All these things confirmed my belief in growth and future prosperity for life.

My spiritual training at Yale Divinity School, especially with Henry Nouwen, led to my ability to meditate and to have a part of me consciously remain calm when everything else

seems to be quite literally falling apart. My personal psychoanalysis and training to psychoanalyze others helped me to allow myself to listen without conflict or anxiety to any aspect of what was happening to me and be curious about it rather than critical or judgmental. My learned ability to spontaneously observe from many points of view enabled me to chuckle at the thought of wheel chair tennis or switching to the beach as a better mediation spot at a time when the woods seemed anything but peaceful to other sides of me. Becoming a physician helped me to dissociate away from the part of my self that was literally in physical agony struggling to remain conscious. This allowed me to use my medical skills to correctly determine what needed to be done. And though I struggle with accepting dependency needs – even though I know I cannot avoid them – I was able to accept the dependency I needed with little difficulty. Indeed as I write this I notice that I am not 'back in saddle' where I feel more in control, yet it doesn't feel bad accepting some dependency needs.

I had a dream a couple of weeks ago that I was playing in a Master's Tennis tournament at the professional level. At first in the dream I thought I didn't stand a chance, wondered how I'd even gotten in the tournament, and if I just won a game or two during my first match I'd be happy. I accepted and embraced where I was. I was my current age and knew I didn't have the power or resilience I had when I was younger. So I told myself to play the way that I can play now – counter punch the ball, mix up my serve with spins and unexpected placement, and hit everything back and deep if possible but

not with pace that would wear me out or cause me to make an error – or as Brad Gilbert puts it ‘win ugly’. And in my dream of course I won the tournament!

Psychoanalysis has taught me that as adults it is not what happens to us that determines what we experience rather it is how we understand unconsciously what happens to us that determines our conscious and unconscious experience of it. While there is fear and pain and death ahead for all of us we can also have love and joy and life by choosing now which we want to experience most. Changing our point of view feels incorrect at first but over time it becomes the new, now correct, viewpoint. Over time, what we experience is a choice.

Postscript, May 2008

Over the Memorial Day weekend 2008 Tina, Mike and I returned to Dolly Sods to complete the trip that we had started in 2006. In addition to the three of us, we were joined by my son Heath and my good friend Dr. Pat McDonald, who is also a psychiatrist. In addition to now having 2 doctors on the trip I also rented a satellite phone and brought it along. We retraced the trail to the Red Creek Trail, had a small celebration at the site of my injury and continued on to a camp site on the Red Creek. We spent three beautiful days in the woods. The weather could not have been more perfect – clear blue skies, cool nights down into the 40s and warm dry days in the low to mid 70s. Everyone had a wonderful time. I felt somehow more complete at the end of the trip. I also realized while sitting by the Red Creek that it is unlikely that I would return. It is a difficult hike using muscles that I don't use playing tennis or bicycling. That results in significant soreness. And it is a difficult trail to get to the head of. I'm hopeful that I will be hiking and camping with all members of the group in other places in the future.



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