How Matthew Became a “Regular” Kid

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I still remember those days, almost twenty years ago, when Matt would walk to my therapy room in the modular classroom placed next to the school. I would look for his emotion, how was he coping, was his brain healing, was he going to be okay? I would watch his gait and arm swing, hoping that day of therapy would make a difference. I knew that Matt was an important client, I felt the presence of his mother guiding me to make the best decisions and to maximize his rehabilitation.

I was a new school based therapist in 1993, having left a background in neuro-rehabilitation with a specialization in working with young people with brain injury. I was still adjusting to school based practice; working with children on hand-writing and creating sensory diets, when a terrible accident occurred in our small Maine community. A drunk driver had broadsided a car returning from a school event at the county fair. Inside the broadsided vehicle a well-loved mother and social worker in the community and her two sons would never be the same. I watched the news on the accident and learned that the mother had been killed and that one of the children was in a coma. When our school team met to make decisions, Matt’s father asked if we could rehabilitate him in the school. He was a man in crisis, who had lost his wife, and had another son in the hospital needing multiple surgeries. I had to agree to rehabilitating Matt in the school; a decision that a later narrative study deemed facilitated his recovery through return to his typical routine and contexts. Matthew, only 6 weeks post injury, came to school to recover through occupational engagement in the fourth grade. I took this case on as a priority and felt called for this purpose. Our team was superb; a nurse who made sure that Matt would rest and sleep undisturbed to assure his brain could keep healing; a teacher who trained at the Center for Grieving Children so that he would be ready for Matt; a classroom full of students who all wore hats to help Matt fit in as he needed to wear a helmet or hat over the indent in his skull from the craniectomy. My special education director knew this was a special case, and we were there to facilitate recovery. Matt did not need speech therapy or physical therapy in the school setting; so occupational therapy was especially important in his recovery. He was “my boy”.

I worked with Matt using a client-centered approach. He and I talked a lot about the accident, recovery process, and how he could perform his occupations in school, home, and extracurricular activities. I used frames of reference including Neurodevelopmental treatment (NDT), motor control, psychosocial, and adaptation/compensation. Matt was the perfect client, willing to do anything, always positive, and very funny! Bringing other children to therapy allowed us to make up games (as long as they facilitated movement of the left side) and helped create a support system for Matt. About 10 years later, one of my OT students dated a boy who had been in Matt’s class the year of the accident. He indicated that this year in class with Matt was an important developmental experience for all of the students.

Matt did recover. He did become a “regular kid”, but not the regular kid he would have been had he not had the accident. I believe that Matt’s strong developmental years with his family provided him with resilience and optimism. Matt allowed people to come into his life and help him, he was motivated, he welcomed us. This also facilitated his recovery. Matt was highly intelligent prior to the accident,
perhaps gifted. This made his brain injury less disruptive to his academic achievement, he remained a strong student with some learning challenges. He regained use of his left side, but developed hypertonicity that interfered with the function of his left hand, which became a functional assist. I remember Matt coming to therapy one day in the fourth or fifth grade saying, “I thought today might be the day I got my hand back”. I had to explain to him that his hand function would not just return overnight, it would come back slowly through our therapy and his hard work. I saw the hopeful look in his eyes dim that day. We tried to summon neuroplasticity to full recovery, but it was not enough to return the left side to what Matt considered “normal”. Matt was on the cover of OT Week Magazine in 1997 as we told the wonderful story of his recovery. Matt was not happy that they used the photo of him in his helmet, but it began his quest to tell his story. He was pleased that people were inspired reading the article, and even e-mailed me years later in college that he had found his story on the AOTA web-site under “OT success stories”.

Those first four years of therapy was in the 1990’s, so HIPAA was not yet an issue, and my job of assuring that Matt transitioned to the next school was different than it would be today. I brought photos to the next teachers, made recommendations, and answered questions; how would Matt jump rope in physical education? Could Matt do the high ropes course? Would Matt need special organizational time? Why did Matt struggle with drawing in art? Most of the teachers knew about the accident and were ready to help Matt in any way they could. Matt was smart, engaged, diligent, clever, interesting, and hard-working. He was always well liked and respected by everyone in the community. Matt was given an award for the outstanding middle school student the year I moved on from this school district. He reportedly held the trophy up with his left arm. Matt’s father had re-married and I stayed somewhat connected to the family. Four years later I went to his high school graduation party with his 4th grade teacher. We cried. I remembered Matt’s mother and hoped she could see the young man he had become. I hope she knew how hard we worked to help Matt be all that he could be.

I re-connected with Matt after he had successfully learned to drive at 19 (with an occupational therapist), had finished college, and had worked in a couple of jobs following graduation. I was now a faculty member teaching occupational therapy and he came to speak to my students about his experience with brain injury and recovery. He and I worked together to develop the class. He told the students funny occupational therapy stories about me, and they loved to laugh about me in practice. The storytelling seemed to have an additional healing effect, as Matt and I had another challenge to share. Matt really enjoyed sharing with the students. He was the subject of a student led narrative study and learned to drum as part of a neuro-occupation intervention/research study with a student group. Matt and I presented at a state conference with 2 students, which facilitated yet another important life event. Matt’s brother asked if he could come hear Matt tell his story at the state conference. That presentation was a powerful session as the two brothers told their story of tragedy and recovery; they had not re-visited this event on this level since that horrible September 11 day in 1993. I again felt the presence of their mother in the room. It was a good day and a great presentation. AOTA President Ginny Stoffel was there to witness this event. Matt and I went on to present a poster at the AOTA conference in Baltimore.
Today, Matt works for the same agency as my husband, the people love him. He drives, lives independently, and has a support system. Matt presents his story to my students every year, and this event brings more education in occupational therapy practice than I ever could alone. Matt has published about his recovery in The Challenge Magazine of the Brain Injury Association, giving much credit to occupational therapy. Matt is a good man; kind, caring, interesting, funny, deep, and still optimistic. This year in my class he called himself “broken”. But Matt is not broken, he exceeded his original goal of becoming a “regular guy”...he is not regular, he is extraordinary.