

Beyond the Fringefan

[#556]

BEYOND THE FRINGEFAN has been finding that recovering from hip-replacement surgery is a horse of a different color, but he's trotting along, though often only after ponying up a fair amount of hay. He's increasing his pace

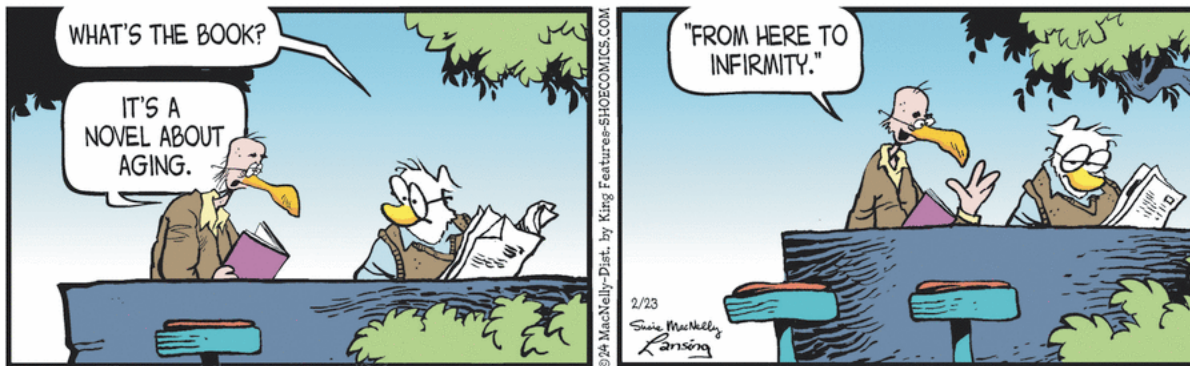
walking around at the N.Y. Cadre (1088 East 40th Street, Brooklyn, New York 11210 (☎(718) NY-CADRE; 📠↔📠 nycadre [at] acedsl [dot] com; 🌐http://www [dot] nycadre [dot] org)), and hoping he doesn't make an ass of himself by falling. This is **Beyond the Fringefan** #556, for readers of **APA-NYU** Volume 23, #3 (e-APA-NYU #232) and others who'd best refrain from calling him a "stable genius" if they know what's good for them, published March 2025 as a combined production of Quick Brown Fox Press and Syscrash Consulting, both subsidiaries of **THIGAMAJIG**. Cartoon above from *Speed Bump* by Dave Coverly, 19 March 2012. All uncredited material copyright ©2025 by Marc S. Glasser. Member fwa.

KID, HAVE YOU REHABILITATED YOURSELF?: When I last wrote, I was at Ditmas Park Rehab, getting an hour and a half of PT and OT five days a week and being somewhat bored the rest of the time. I could get out of bed and into a wheelchair, and thus to the bathroom (though I continued to use the urinal bottles when waking with a full bladder in the middle of the night). I had my laptop, so I was able to access Wordle, *The Daily Show*, comic strips, and other essentials of civilized life. The food was non-toxic but unimpressive—especially since, for reasons that were never made clear to me, they kept giving me salt-free meals. (I got Ethan to smuggle in a shakerful, along with some other choice junk food.)

The hospital had ordered a walker for me, but then when I was moved to the rehab, the transporters brought the wrong walker—one that belonged to the hospital. I didn't find this out until a couple of days later when the hospital called me to ask why I hadn't taken my new walker. Rather than send someone to switch them, the hospital people said I should just keep the one I had (it seemed to be in good condition), and they'd take the new one. It seemed a trivial matter, so I agreed. This came back to bite me later on.

Mark Blackman arrived at the rehab a few days later—he'd gone to an ER for shortness of breath around the same time I had my surgery—and was placed in a room down the hall from me. (It still isn't clear to

me what his diagnosis is or how long they'll be keeping him.) I visited there every couple of days, and I saw him down in the PT gym. (And Ethan was kind enough to bring him a couple of books from the Cadre basement.)



(Shoe by McNelly and Lansing, 23 February 2024)

The PT instructors were enthusiastic and helpful, but my sessions were limited to 60 to 90 minutes a day, and I couldn't bring any equipment back to the room to use in the off-hours. (Again, thanks to The Kid, a couple of ankle weights we had at the Cadre made their way in to my room and allowed me to continue the leg lifts and such in the evenings.) They weren't letting me leave my wheelchair and walk (with a walker or rollator) without assistance, so I was still sitting still most of the day, and it was my perception that the longer I sat still, the more my legs stiffened up. More and more, I felt I needed to get home and do more walking, even if it was just from my room to the bathroom or from the kitchen to the living room.

Donna, despite the services of aides eight hours a day, was coping poorly with my absence (even after we finally got a repairman from PC Richard to come by in the afternoon to fix the clothes washer), and I was beginning to miss real food and my comfortable bed, so during the final week of February I began lobbying to be released the last day of the month. My case was bolstered when the surgeon, Dr. D.M., in my follow-up visit on 26 February, reiterated that I was healing well (and removed all the 20-odd staples at the surgical site) and declared that I could go home as soon as I felt confident and comfortable doing so. (Of course, he was the one who'd originally told me I didn't need to do rehab at all.)

The management at Ditmas Park was less cooperative; they didn't want to let me go on the weekend, which they apparently define as including all of Friday. They wanted to keep me until Monday 10 March, a plan I declared unacceptable. After some negotiation, they agreed to send me home on Monday 3 March and make sure I got PT on the intervening Saturday and Sunday (they seem to have a skeleton PT staff in on the weekends; what criteria they use to decide who gets the benefit remain a mystery to me).

They also ordered a rollator for me. (For those unaware, a walker has two wheels and two feet that people usually put tennis balls on; a rollator has four wheels and a seat. The walker is much lighter in weight, and is useful to people who are having trouble maintaining their balance; you can lean on it and it generally won't slide away from you. But walking with a walker is a much slower and choppy business: you push the walker forward, take one step with the bad leg, take one step with the good leg, push again, and repeat ad nauseam. With a rollator, you can just walk normally while leaning lightly on the handles, so it's to be preferred if you aren't having problems staying upright.)

But on my way to PT on Friday, I received a call from the supplier of the rollator. Medicare wouldn't pay for the rollator because I'd gotten the walker two weeks earlier. If I understand correctly, the two

mobility aids are equivalent in Medicare's eyes, and it will only pay for one every five years. I could complain and tell them to take back the walker so that I could get the rollator—but no, I didn't have the walker they'd just gotten me; that was now somewhere in the bowels of the hospital. How likely was the hospital to be willing and able to find that walker and send someone to switch them now? I calculated that even trying to get an answer would lead to frustration I didn't need on top of everything else I'd been dealing with; besides, I was getting phone calls every half hour from at least four agencies involved in getting me set up once I was home (nurses, aides, PT evaluations...). I decided I'd order my own damn rollator and pay the cost out of pocket. The one I selected ran about \$130, and The Kid was kind enough to order it via Amazon Prime, so it arrived at the Cadre the same day I did.



(Rubes by Leigh Rubin, 24 November 2020)

So the weekend passed mostly uneventfully, other than my not knowing when the PT people would show up until they did. I did some walking down the length of the halls with one of Ditmas Park's rollators, successfully but not without showing signs of fatigue. I also did more leg lifts and marching in place in the evenings using my ankle weights. Sunday afternoon, The Kid phoned to tell me that the washing machine was once again not functioning, so I scheduled another repair (hah! Freudian typo!) appointment for Wednesday. Joy.

Ethan would not be available to drive me home until after 6 pm on Monday, so after breakfast, I asked when I'd be getting my PT for the day—and was told that it was the rehab place's policy not to do PT on departure day. Why? No reason, just policy. How helpful in getting people rehabilitated. I did more sit-to-stands and leg lifts and marching in place in my room.

Ethan arrived just as they were serving me what would be my last meal there. He brought a few bags of my stuff down while I was munching, and then I said farewell to roommate Raymond and wished Mark Blackman a speedy recovery (and met his brother briefly), and we left. I had remarkably little difficulty getting into the minivan, and when we reached the Cadre, I made it up the front steps without a hitch, hobbled to the stairlift, and ascended. Ethan proceeded to assemble the rollator while I practiced walking (with the walker) between my room and the bathroom, with stops at Donna's room and the Wreck Room. Then I stairlifted back down and sorted through junk mail and accumulated recyclables, and dared to inspect the contents of the refrigerator. (The only things that had to be put out of their misery appeared to be some leftover chili, some cooked oatmeal, and a nearly full half-gallon of milk.) I suspect that in the course of making order out of chaos, I did more walking (on the walker and rollator) than I'd done in the previous three or four days at the rehab. My lower back ached a bit, but not much more than it had after the PT at the rehab. I kept the walker upstairs, to use when shuttling between my room and the bathroom, and left the rollator downstairs, to use when moving from the stairs to the front door and to the kitchen.

The next two days saw visits from two different nurses, a washing machine repairman, and finally a physical therapist named Monir. Also, Seymour the handyman came by and extended the left handrail on the basement stairs, which had heretofore only extended halfway down because of a plumbing pipe and a protrusion on the lower half of the wall. With both handrails reaching all the way down, I was now

able to make my way (carefully) down to the basement and back up again as needed. (There's an old wheelchair in the basement that I used for support while walking there.)

Medicare was willing to pay for an aide for me for 4 hours a day, 4 (not 5!) days a week, for what turned out to be three weeks. I got a young Haitian guy named Kerven whose English was pretty good and who was pretty helpful when I needed it, so I decided to spring for the extra day a week to have him there Monday through Friday. And Monir the PT guy came by twice a week. He had me do more of the exercises with the ankle weights, but also had me working on my balance by walking down the hall, forward and sideways, raising my knees as high as I could, with no hardware—he was standing behind me ready to stop me if I stumbled. (And I kept at it with the ankle weights, and also on an old stationary bike that we dug up, on the days he wasn't there.)

Now that I was home, Donna was feeling less helpless, and we cut her aides' time back to 4 hours a day 7 days a week—some daytimes and some evenings according to availability.

By the time I'd been home a week, I was feeling steady enough to shlep down the front steps (leaning on handrails) and into the car, and drive a few blocks on local streets. I made a supermarket excursion (using the rollator) with Kerven's assistance, and got Donna to a local radiology center for some x-rays she needed. In late March, I even tried walking with just a cane, first with Monir's help, then solo—not feeling steady enough to completely stop using the other devices, but working on it.



(Rhymes with Orange by Hilary B. Price, 15 December 2024)

So when Medicare stopped paying for Kerven after 21 March, I decided I'd try going it alone and see how it went. And that's how things stand six weeks after the surgery. I'm not quite ready to resume bicycling, but I think I'm going to try in April. I've purchased a new folding cane, so I should be able to carry it on the bike. Will it look silly to get off the bike and start walking with a cane? So be it.

Fringe Reception: Comments on APA-NYU, Volume 23, #2 (e-APA-NYU #231)

SNAIL TRAIL (Judith Friedman): "I never heard a burping shark/I never hope to hear one..." but after reading this, I had to look up "shark burp" on the Web. I found a surprising number of sites that discussed the passing of gas by sharks—described by some as burping and some as farting. If I'm reading correctly, the ability seems to vary among species of sharks. The gas is released through the gills, so it really isn't the same as mammalian burping or farting. None of the sites I found said anything about the sharks needing human help to accomplish the task. What

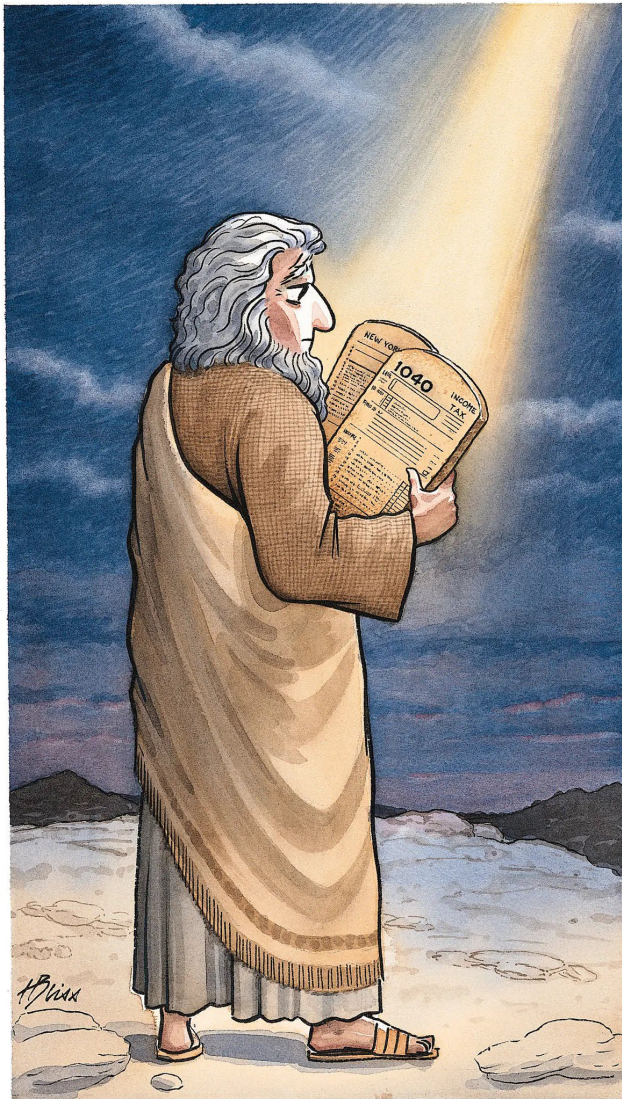
species of shark was your daughter's friend working with?

CAT vs. NOT-CAT #2 (Chas Belov): Keep plugging away at those crosswords. /*/ (¢cover) Yes, the cover was a direct reference to the O.J. Simpson murder trial and its stranglehold on media attention. I don't think anyone was paying much attention to Anita Bryant by then (1994); her anti-gay campaigns were mostly in the late 1970s. /*/ The last paper collation of APA-NYU was #347. E-collation #347, if we all live that long and don't miss any months, should be dated

October 2034. I'm strongly leaning toward calling it quits then, but if you feel a desire to persuade me otherwise, you have almost ten years in which to try. /*/ (¢Blackman) My FISTFA "obligation" is the knowledge that most of the usual suspects won't show up if I'm not

there to give them a ride home (or halfway in Joe's case), so in a way it all depends on me.

JAMISON, TAKE e-LATER (Mark L. Blackman):
May you soon be out of rehab and ambulatory once again. I strongly suggest seeing a cardiologist as soon as you can arrange it.



(Harry Bliss in *The New Yorker*, 19 April 1999)

April 15 comes right in the middle of Passover this year, so I guess there's nothing certain except plagues and taxes. Perhaps I'd best let you people go (and file your returns).

A pleasant observation of the month of Spring, to all, however you choose to commemorate it, and I hope to be out and about and seeing (non-medical) folks once again.

>Portions of the preceding are currently clear on OPSEC.<