0:00: Hey, it's your friend Sarah, and welcome, welcome to Stories of Survival in the Modern Age.

0:14: Today I'm delighted to welcome back Victoria Jones.

0:18: It's been over 3 years since we last chatted here on the podcast.

0:22: And back then our conversation centered around supporting and nourishing women's physical, mental and emotional well-being.

0:30: However, in 2023, Victoria's father had a major stroke, and his recovery journey changed the direction of her own life's work.

0:41: Today, she specializes in stroke rehabilitation support, exercise after stroke, and stroke prevention education.

0:51: Through her work she's helping bridge the gap between clinical rehabilitation and everyday life.

0:58: Victoria believes recovery doesn't end when formal rehabilitation stops, and that meaningful progress can still be possible months, even years after a stroke.

1:09: Her mission is simple, to make recovery support more accessible, more practical, and more hopeful, while helping more people reduce their future stroke risk.

1:21: Victoria, welcome.

1:23: Welcome back to Stories of Survival in the Modern Age.

1:26: Thank you so much for having me.

1:28: Did you say it was over 3 years?

1:30: I said it was 3 years over.

1:32: Yes, to be specific, 3 years, and about 6 months, can you believe that?

1:39: Wow, that, that's, I don't know where the time's gone, but thank you so much for having me back.

1:43: I'm so excited.

1:44: I'm very delighted to have you here.

1:46: And as we mentioned there in the intro, Victoria, the last time we chatted, it was all around women's wellbeing and specifically on our last podcast, we talked about menopause and taking charge of that transition.

2:00: Well, fast forward over those 3 some years, and while well-being is still at the heart of what you do, clearly, the reason behind your work today is very different, isn't it?

2:14: Yeah, massively, I mean, I didn't ever imagine that I'd be doing this, it's not something I would wish upon anybody really to need to find out, it needs to be done.

2:22: No, exactly.

2:24: Yeah, it's a, it, it's a, it's a big pivot, but one that I'm beginning to realize is massively, massively needed.

2:30: What, if you can take us back, what happened in 2023, Victoria?

2:36: so in the October my dad had a major stroke which, it it it he should never have survived without a doubt he should not have survived.

2:46: it was huge, and it was the start of.

2:51: I guess the hardest two years ever of my life so far.

2:56: Just the impact, the effect that his stroke had on him.

3:00: so he couldn't walk, he couldn't talk, he couldn't eat, he was double incontinent.

3:06: he was still very much there though.

3:08: My dad was still behind those brown sparkling eyes, but I lost so much of him to the stroke.

3:13: And.

3:15: He was in hospital for 6 months.

3:18: We got told he would never come home.

3:19: And home he came because he was quite stubborn, was my dad.

3:25: and then proceeded to defy the odds, but it was hard, it was hard on my mum, despite having carers.

3:32: It was, it was a massive, I obviously, my dad was there but not there.

3:37: I, I lost so much to him to the stroke, or so much of him to the stroke rather, But the support was the bit that I kind of noticed we didn't have.

3:47: And when we eventually got it, and again, it took time, it took time.

3:52: We had someone come in who explained what had happened, like, what stroke does, and that actually.

4:00: Things were still possible and that woman gave us hope, and that was the turning point for my dad's recovery and for my career, because the minute that for me that was the bit we should have been told from day one.

4:13: Hope is something that, you know, there's there's a line from Shawshank Redemption, isn't there, that.

4:19: Hope is is the best of things and no no good thing ever dies.

4:24: and actually that that was the turning point and that was the bit that I realized that there's more to this.

4:29: So I just started digging and digging and digging, which has always been my thing, you know, it's it was keep digging, keep digging, keep digging.

4:37: So I took my own advice and I dug and, and here we are.

4:42: But what a blessing that woman that's that that gave you those words was to you because, you know, you do, or one does hear all the time that you've got to be careful about what you eat and exercise because, you know, you might have a stroke and especially if you're female because it's, it's a high, it's a high risk area.

5:04: And you know, you sort of like let it go in one ear.

5:06: And out the other ear.

5:08: And and you hear as well that if you think somebody's having a stroke, the things to look out for, but that's a kind of like all there in the periphery.

5:16: Yeah, definitely.

5:17: I mean it's it was never gonna, my dad was never gonna have a stroke.

5:19: Nothing was ever gonna get my dad, it's never gonna happen to us.

5:22: And and it, it happens in an instant, there is no warning and it can be as it was for us, absolutely life changing.

5:31: and for me.

5:34: That's the bit that so the conversations need to change without a doubt, and that's I guess always been my thing.

5:39: It was my thing about hormones.

5:40: The conversation needs to change.

5:42: And here we are.

5:44: And yeah, you know, the stuff is kind of there, we know we know what to look for to determine if someone is having a stroke.

5:52: But actually what about the prevention and what about the bit afterwards?

5:56: Because stroke is on the rise, clinical support is so stretched, and when it ends, you, and again this is the bit we saw, it's like you're just, you're kind of written off.

6:07: We are led to believe that that's it, you've reached that point, you're not gonna get any better, off you go.

6:13: And that, that for me, that's the bit where let's let's change that conversation, let's have the tools, regardless of how much you're impacted, regardless of how long ago your stroke was, there is still so much we can do.

6:25: that's interesting that you say that because I remember when my dad had a stroke, he had the series of mini strokes, and you know, I remember, Brett's dad having a stroke and, The outcomes for those two were very different and their, their support was very different.

6:45: One was here in the UK, one was in the US, and both of them went on to live, you know, certainly my dad, probably it was another best part of 20 years from his stroke.

6:59: And, and that's not what, that's not what he passed away from in the end, but the effects of that stroke were with him for those 20 years.

7:09: And that's my dad, my dad didn't die from a stroke, you know, and he was still recovering before, you know, he went to hospital and he was still recovering until that point.

7:18: But again, he wasn't meant to, like I said, he wasn't meant to come home because the stroke was so severe, there was no way he was gonna do all the things he was doing right up until that last, that last bit of time.

7:29: Interesting, isn't it?

7:30: Interesting.

7:31: So what was, what was, like, was the one thing.

7:36: That changed that conversation in your head or was it just sort of an accumulation of things that you experienced that you thought, you know, this, I need to do something about this.

7:48: I think it was.

7:50: I, I guess there was lots of different angles, you know.

7:53: As a daughter, the heart, I mean I was daddy's girl, I've always been daddy's girl, and the heartbreak of seeing him, I was really fortunate.

8:03: I'm so sorry.

8:06: I was really fortunate that I could pop in, like I live near enough that I can pop in.

8:11: But every time I saw him, my heart just broke a bit more because he was there but he wasn't there.

8:16: He knew that he was still so mentally switched on, like, you know, he was, he was buying stocks and shares.

8:22: Like a few months before he died, and those shares rocketed by the time he went.

8:27: Like he mentally he wasn't, but again, that's the bit that I don't think people know about with stroke and.

8:32: And again, it's one of the biggest things, so I'm now very fortunate that I'm going and training and teaching level 2 health professionals about stroke.

8:42: Because you don't know what you don't know, which again has always been my thing.

8:45: The brain injury doesn't affect a person's intelligence.

8:47: It doesn't change who they are, it just changes other things and how they can communicate and how they can get through.

8:55: And we had some great games of charades and I mean.

8:58: You know, the, the way that he said he wanted to buy Rolls-Royce shares was something very, very special, and you needed my dad's logic to work out that's what he wanted, and that's not shared advice, by the way, that's, and I think that's the thing, and I guess with illness and injury and, and, and I guess even, you know, death, people don't know how to speak to people and.

9:21: You know, working with breast cancer clients in the past, people haven't known how to speak to them, knowing they've gone through or are going through breast cancer, so they avoid them.

9:29: And it was kind of the same with stroke, it's like, you know, you, we again, we're very fortunate that people, you know, you speak to my dad normally.

9:36: He can't respond verbally, but his eyes gave it away, like he was, he was still there.

9:44: And you, you find ways, but again we had to work that out for ourselves.

9:50: and again, I think that's if you give someone hope and you give someone that realization that they are still there, completely still there, like I said, their intelligence hasn't changed, the person that, you know, my dad hadn't changed who he was, it was how he was that changed.

10:05: I would remember I would have the conversation a lot with dad, specifically latterly in his life.

10:13: If you had your choice, what would you rather your brain went or your body went?

10:20: And we would have that conversation a lot, and even, you know, with his limited mobility, he would say he wanted, he would rather keep his brain and the body got shot.

10:33: Yeah.

10:35: For him that was important was that his brain was always active.

10:40: I mean he wasn't affected hugely.

10:43: I mean, he, he, he, it affected, I think it was his left side, so as he was walking he would always walk with a stick, but he always walked with a stick anyway because he was a proper gent and he always had a stick and he would always swing it as he would love that.

10:58: However, with the stroke, he would end up going in a circle because, because he did laugh about those sorts of things, yeah, and so you know.

11:09: How did you really dive into this and start to educate yourself more of how you could then help others?

11:19: I think a lot of it is is kind of, I mean for me, it's like let's prevent.

11:24: Let's not go through this.

11:27: you know, and obviously we can't stop every stroke and everything, you know, everything happens.

11:31: But again, as I've always been, the more we know the better we do.

11:36: Like, let's just shift a little bit and be more aware of what we can do to lower our risk.

11:43: And like let's stop this happening in the first place.

11:46: If we can just change that, and if it does happen, then the conversation needs to change that, you know, once you've been signed off by your physio or speech or language or whatever you're fortunate enough to have, and again, those services are really stretched, those clinical services are so stretched, they're very limited.

12:07: And you have to wait a really long time, they don't meet the guidelines of how soon after discharge these things should be in place.

12:15: But, you know, when the physio left, speech and language left, OT left for the last time, no one said you can still improve.

12:24: No one said there is still hope.

12:26: And so as a stroke survivor with those that I've been talking to since.

12:31: You know, they're kind of, they're left to believe that, well this is it then.

12:35: This is the best, yeah.

12:37: And, and this is kind of why I'm getting really passionate, actually no, you can still recover.

12:42: You might not be, you know, the way you were pre-stroke, but you know you might always have that limited, you might not have the full range, there might always be that things, but you can still get a bit better.

12:56: There is always hope, there is always hope that there can still be improvement.

13:01: Because ultimately stroke recovery comes down to neuroplasticity.

13:05: Which is something that I've kind of looked at and read and, and I know about this stuff.

13:10: I'm gonna say you've been talking, you've been talking about that for years, more than long before 3 years ago, yeah.

13:18: And so what you're right, why does stroke.

13:23: Why does that make it any different?

13:25: The brain is the conversations aren't there, and, and like I say, you know, it is that you have the stroke, you've got this effect of it, there's your end of your, your treatment, off you go.

13:37: Without, and it's like you, you don't know, you, you just, you just don't know what to do, and you've always got that fear of is it gonna happen again and, and that, and again people that I've been speaking to, it's that.

13:47: They lose themselves as well, and that's a really hard thing, you know, the, the anxiety and the anger and, and the emotion that goes with it.

13:57: And you're saying that for the individual, not just for the people around that.

14:01: Right, yeah, yeah, both.

14:03: And like with my dad it was frustration because again he knew exactly what he wanted, yeah, you know, yeah, and so we had to find a way to do it.

14:11: But if you didn't know that he.

14:15: Still knew what he wanted and what he was talking about, like you're gonna write them off from that point of view, you know, he doesn't know what he's talking about, he doesn't know what he wants, and it's again it's so it's an education thing.

14:26: So yes, it's great that we know how to, you know, the acronym is FAST.

14:32: And, you know, it's face, it's arms, it's, you know, you've got your time.

14:35: But, but what about the before and the after.

14:38: Cos that's the instant, and yes, the quicker you act, the more the person you say without a doubt.

14:42: Correct.

14:43: And again, there's that belief that well we left it too long, we lost them, we're never we're gonna get them back.

14:48: That's the bit that needs to change as well.

14:51: So what, what are your top tips for prevention, we'll, we'll, or shall we, or shall we look at post first?

15:00: I would say let's look at prevention first.

15:03: Let's look at prevention first.

15:05: So prevention, I mean, I'm still very much women's wellbeing hat on with my prevention because as you said, you know, the risk is higher in women.

15:13: Because it comes down to hormones, because it comes down to estrogen, so this is the conversation we had on the last podcast, no doubt, it is, it's sleep, it's stress, it's it's it's those foundations for women.

15:26: The big one is know your numbers.

15:28: I mean, the guidelines, as always with many of these things are very broad, and for me that's where it needs deeper conversations.

15:38: blood pressure, you need to know your blood pressure because that is the biggest cause.

15:43: sorry, that's the biggest risk factor of a stroke, high blood pressure, but we don't think about it.

15:48: We don't think about the lifestyle choices that we've made that are affecting it.

15:51: We don't think about hormones declining that are affecting it.

15:54: We just, 9 times out of 10, and I'm guilty of it too, you get your blood pressure checked when you go for a routine check at the doctor's.

16:01: Yeah.

16:02: And if you get, if you've got white coat syndrome, then it's never great to go for that one.

16:06: guilty as charged.

16:07: I, every time I would go to the doctor, it's like, no, don't come near with with that machine, I've got white coat syndrome, and I do have white coat syndrome.

16:17: A doctor once said, and I don't think it was my doctor here in the UK, it was my doctor at the time in the US who said, yes, but Sarah, you could still have a stroke when you're saying you've got white coat syndrome.

16:30: So you come in here and your numbers are elevated, and you could still have an incident, white, white coat or no white coat.

16:40: And it was only when we came back from the US this time.

16:46: And it was probably Well, not even 2 years ago, about 18 months ago, like you just said, I went because it was a routine MOT time, and they took the, they took the darn thing, they took the darn numbers, and they were like, yeah, just have a little sit down here for a minute and just we'll, we'll check it again in 10 minutes.

17:06: No, she said, I'm gonna go and ask my colleague to check.

17:10: So she got a colleague and she's like.

17:13: Have you walked down, Sarah?

17:14: Yeah, I've walked down.

17:15: I'm gonna ring you a taxi to take you to the hospital.

17:18: I'm like, I'm not going, I've got white coats.

17:20: Sarah, it's 235/160, and your heart rate is like 150.

17:29: You are not going home.

17:32: Wow.

17:33: So reluctantly I had to go to the hospital.

17:37: And it was only afterwards when a good friend was saying, Sarah, I don't want you to die.

17:41: You need to take this seriously, that I sat down with the doctor, and he said, I get it.

17:47: You're uncomfortable taking medication.

17:50: He said, I am the same age as you, and I also have a problem with blood pressure.

17:55: He said, and I can tell you, it, as a doctor, it took me some time to get my head around the fact that we're just over 50, and so these things are going to happen in our body.

18:07: And it was my GP that told me that, that made me think, OK, well maybe there is something in this.

18:14: I think as well though for me, and again it's that women's wellness hat is always gonna be there.

18:18: We're told, again guidelines, be more active.

18:22: But when you're exhausted, potentially a bit unfit, maybe overweight, you've got the meow belly, which is now the new big thing, which for me isn't just a meow belly, it's a, it's a risk of stroke.

18:33: It's, it's something you can check, it's immeasurable.

18:35: So I've always had a bee in my bonnet, as you well know about scales and about weight, like let's not look at that number, like everyone knows how much they weigh.

18:44: Nobody knows what their blood pressure is, no one knows what their hip to waist ratio is.

18:48: Those are the things that matter.

18:51: So you know, we've, there's always gonna be the barrier, people don't like exercise, they don't like getting hot and sweaty, you don't want to join a gym.

18:57: The old adage of I'll go into the fitness class when I'm a bit fitter, or I'll go and join when I've lost some weight.

19:02: But actually, I've always been a huge, a huge, huge fan of women lifting weights, and I've stood by that for as many years as I can remember.

19:11: Lifting weights is one of the best things you can do to lower blood pressure.

19:14: When your hormones change and your muscles get stiff and my knee hurts a bit, it's my age, it's my arthritis, and your hips are stiff, the main muscles are getting stiff, but so are the arteries.

19:25: So let's add some rotation, let's let's get some trunk mobility, let's keep things moving so that the arteries don't lose their flexibility and so blood can still pump through them without picking up fatty deposits and cholesterol and making your blood pressure go higher and increasing the risk.

19:40: But why, why don't we know that?

19:41: Why aren't women told that conversation?

19:44: I don't know, but you're, you saying that makes me think, hm, you know, maybe she has got something in that.

19:51: Maybe it's time to get the weights program back out.

19:52: I'm just saying, maybe, maybe one of the things that went to storage when you go in storage.

19:58: I was thinking about that just the other day, where's those hands, oh, they're not storage.

20:02: Yeah, yeah, so and you know, and these are the things, so yes, there is always gonna be a replacement medication, but there is also so much we can do.

20:10: When we know, the more we know the better we do.

20:13: So from a prevention point of view, it's, it's still whole body, you know, it is stress that raises blood pressure.

20:19: It is quality sleep because that lowers your blood pressure.

20:22: It is eating well, so you're not on that constant rollercoaster of, you know, sugar and stress spiking.

20:28: It is balancing your blood sugar level.

20:31: It is moving well.

20:33: It was the conversation we had before, but now it's got a very.

20:37: It, it's got deeper meaning for me now.

20:38: I'm gonna say, it's now deeper, it's not just superficial how one looks, is it?

20:43: No, no.

20:45: You know, yes, it's less stressful, but actually, automatically, or if it's less stressful and your blood pressure's not gonna, you know, it's it it it's easy when you know, isn't it?

20:54: When you know you know.

20:55: Yeah, absolutely.

20:56: So yeah, prevention is whole body, just the foundations that I've been harping on about for a long, long time.

21:02: But you know, digging deeper into those guidelines, you know, be more active, brilliant.

21:08: But actually how how much more benefit.

21:13: Could being active be, you know, if you moved well, if you moved more purposefully.

21:19: Little and often did the better things, that's gonna have a bigger response.

21:24: I personally feel.

21:26: And it makes total sense what you're saying, and so, you know, I would ask the question, why don't people know this?

21:33: Why are they not educated?

21:36: They're about to be.

21:37: Yes, I am here.

21:40: You to educate them.

21:41: So, so, OK, so we've, you know, we've, we've, we've done all the prevention.

21:46: Let's think about post-stroke, because there is a gap, as you're calling it, when the formal rehabilitation.

21:57: Ceases, stops, ends because of whatever, whatever it is, and it is the strain on the healthcare system that we have.

22:07: What does after that look like for somebody?

22:12: I think it's again, it's the awareness, it's the knowing.

22:16: It's the it's the knowledge that this isn't the end, this isn't as good as it's gonna get.

22:22: And I do just need to say as well that like with a TIA, you know, so mini stroke, TIA, that's a massive warning sign of a full stroke.

22:32: Is it?

22:33: OK.

22:33: And again, it's something else I think is just brushed off too easily.

22:39: You know, we we think you had a mini stroke.

22:40: It was just it was just a mini stroke.

22:42: No, it wasn't a mini stroke, it was a warning.

22:45: So again, do that prevention stuff then, like take it more seriously, so use that red flag because you've been given that you've been given that warning.

22:53: but yeah, I think afterwards it it's definitely, it's.

22:58: It it it it's definitely knowing that this is not it.

23:03: You know, alright, I've got some mobility back in my arm because of the physio, but the physio's gone now because that because that's as much as you're gonna get, it's like, no.

23:13: The physio's gone because they're stretched and they, they've given you your set amount of sessions, rightly or wrongly, but you, you have improved and you can keep improving.

23:24: And again, we look at that neuroplasticity, so it's the repetition.

23:28: And and that's that's the bit because you need to create new neural pathways to get around the blockage that the stroke caused.

23:36: And the only way you're gonna do that is by practice and repetition and repetition and repetition.

23:42: So the way I'm explaining it to my clients is, you know, if you imagine that you've got, you've got you, you're in, you're in the filing cabinet room, all your memories, your knowledge, everything you know how to do is there.

23:52: But the corridor to that filing cabinet room is now blocked.

23:55: You can't get to it, so you need to, you need to build a new corridor around the blockage to get back to the filing cabinet.

24:01: Yeah.

24:02: And it's like I think a lemmings, like obviously I'm a child of the 80s, so the lemmings used to dig and dig and dig and dig and dig and dig, and it's like it's that and you've just got to keep going and keep digging and keep repeating and keep digging and keep repeating until you go round the blockage.

24:18: And that, that's always possible.

24:22: And with that possibility, as you say, is hope.

24:25: Absolutely, I hope.

24:28: It is and and that I said if I think if people knew like what's happened, cos you know you've had a stroke, brilliant, what does that actually mean?

24:37: What, what's actually happened?

24:39: A stroke is a brain injury, brilliant, but what, what does that mean?

24:43: And so again I go back to the way it's I keep digging.

24:46: So if you know, someone said to me the other week, they said I, I think of it as you're in the supermarket.

24:51: Yeah.

24:52: And, and they've they've locked off one of the aisles, but you know you wanna get to the, you wanna get the sugar down there, but you can't get to it because that aisle's been shut because the freezers are broken.

25:02: So you've gotta go, you've gotta find different aisles to get to where you want to get to.

25:05: It's, it's, so whatever analogy works for you, it's the same thing.

25:10: you know, it's, everything is still there, you've just got to get to it and as long as you know you can still get to it.

25:16: Then you you you keep trying.

25:20: And, and if we bring your dad back into that picture, Victoria, could you see dad responding to those changes that you were attempting to, to make, you were trying to redirect him down the supermarket aisle, could you see in him, He was receptive to that.

25:40: Yeah, once he knew he could, he did, and I, I think I have this, I guess, daughter guilt that I didn't know this stuff sooner.

25:51: Like what I, I feel that if I knew then what I know now.

25:56: How much more would be improved, how much faster would he have improved, but then I wouldn't be here doing this.

26:01: I was just gonna say that, maybe, maybe been the case.

26:05: Maybe that's his gift.

26:07: I'm gonna say maybe that's his gift to you, as I, I say to this day, Dad left me with certain gifts.

26:14: And, and I believe from what you're saying that was one of his gifts that he left for you.

26:21: Without a doubt, yeah, it was, and it's, it's hard cos it's like, oh God, you know, I, what, what could I have done, how much, but ifs and buts.

26:29: I didn't know this, I know it now because of him.

26:31: So who can I help going forward, but yeah, once he knew.

26:35: You know, he could walk, I mean, not, not long before he, he went, He managed to, he managed to walk into the pub.

26:45: He couldn't eat, he couldn't drink, he couldn't talk.

26:47: But they used to go out anyway, just obviously because again it was that normality, it was that his friends around him, people could talk to him, he was still involved, no one was isolating him.

26:56: Which again I think is something else that happens massively.

27:00: And that then impacts.

27:02: So, you know, he was, he was still, he had good people around him that still created that normality.

27:08: And.

27:10: And yeah he walked into the pub and he sat on a proper chair and, and you know, mum came down one morning and he was sitting in the wheelchair, he'd got himself out of bed.

27:18: Like we don't know how, we don't we probably best we don't know actually.

27:23: but yeah, but again he was given that you can do anything.

27:27: So he did.

27:29: Every single morning he was, she came down, he was sitting in the wheelchair looking all smog for himself.

27:33: Good for him.

27:35: So yeah, it, it, it made a difference, that having that hope made a difference.

27:40: And you are your father's daughter because of that tenacity that he left with you, for you to just dive into this and keep digging and keep digging, not just for him, for, for his memory, for the people that don't know yet that they need to know this stuff, and that's what you need to do is to get this word out, isn't it, more broadly.

28:03: That's the, that's the, yeah, that's where we're going.

28:07: I'm building my new corridor.

28:09: Build those corridors, build those corridors.

28:13: Just like last time, we're gonna finish with our quickfire 5.

28:16: I know you've played.

28:18: I know you've played this game before.

28:22: The answers may be different, 3 years at least hence.

28:27: Favorite food or drink, what's your go to?

28:31: Oh, I mean, it feels wrong to say Spanish lager, doesn't it?

28:34: Like it does, it does, it does.

28:36: I've just been having a conversation about low blood pressure and.

28:41: But I'm not gonna lie, obviously not at all times.

28:44: It is about balance, it's about moderation.

28:46: Drinking within the recommended limits.

28:48: I do like a cold Spanish beer, usually in Spain, looking at the there you go.

28:51: There you go.

28:52: a book or an audio that you currently enjoy in Victoria?

28:56: I am reading.

29:00: I mean I've got 2 on the go.

29:01: Gavin and Stacey.

29:02: Oh, OK.

29:04: It's just so funny, honestly, I just, I'm just crying with laughter.

29:09: And laughter's good.

29:10: Laughter is the best medicine.

29:13: Yeah, absolutely.

29:15: I suspect I may know the answer to this in this moment.

29:18: What's the one thing you're most grateful for?

29:24: They are my father's daughter.

29:27: Go to self-care practice.

29:30: I love a doodle.

29:32: Do you?

29:33: I do.

29:34: I, I love a doodle.

29:35: I've got me a little, a little square, drawing book.

29:40: I doodle a day.

29:41: A doodle a day keeps the stroke away.

29:44: Well, yes, that was, that was Spanish lager.

29:47: That and Spanish lager.

29:49: What's the one thing you wish you could tell a younger version of you, a 21 year old Victoria?

29:56: Oof.

30:01: Oh my goodness, well that one's got me, isn't it?

30:03: Oh.

30:07: I don't know if I can articulate it, but I guess.

30:11: something around.

30:16: Taking the positives out of some of the hardest challenges of life right now.

30:20: Those challenges are going to come, without a doubt.

30:23: They're never gonna happen to you, the challenges will come, and they're gonna be hard.

30:30: But see the good in them, and do good with them.

30:36: Before we go, how can people reach out to you, Victoria?

30:40: So obviously I like to, you know, keep people on their toes.

30:44: So my stroke prevention work is currently on my Victoria Jones.co.uk website.

30:49: My stroke rehab work and exercise after stroke is on my stroke rehabsupport.com site.

30:57: So yeah, I'm, I like to be into, they are linked, so you know, either or.

31:01: Perfect.

31:02: It's been a gift to have you back on the podcast, and you know, you have become somewhat of a regular over the years.

31:12: So let's see where this journey evolves.

31:14: For us.

31:15: Thank you so so much for having me and letting me talk about my dad and and what he's given me that hopefully will make a difference.

31:22: If just one listener says actually I need to go and get my blood pressure checked or I need to look at that, then his gift keeps on giving.

31:29: Absolutely.

31:31: Thank you so much.

31:34: Chatting with Victoria, I realized this wasn't simply a conversation about stroke.

31:41: It was one of hope, hope for families who suddenly find themselves navigating a world they never expected to enter.

31:50: Hope for survivors who may have been told they've reached the end of their recovery journey.

31:56: And hope for every one of us that there are things we can do today to reduce our risk of stroke for tomorrow.

32:05: One thing Victoria said that stayed with me was that no one told her family that recovery could continue long after formal rehabilitation had ended.

32:16: No one said to them, You can still get a little better.

32:20: Imagine the difference those few words could make, because hope, well, hope isn't about promising that life will return to how it was before.

32:31: It's about believing that progress is still possible, and that reminds me of Christopher Reeve.

32:38: Long after he hung up Superman's cape, he became a symbol of something even greater.

32:45: He once said, Once you choose hope, anything is possible.

32:51: And Victoria has done just that.

32:53: She has taken one of the hardest experiences of her life and turned it into hope for others.

33:00: And to you, dear listener, if today's conversation leaves you with just one takeaway, please let it be this Don't wait until it's too late.

33:10: Know your blood pressure.

33:12: Don't ignore the warning signs.

33:14: Keep moving.

33:16: Keep asking questions.

33:18: And whether you're focused on prevention or recovery, never lose sight of hope.

33:24: And yes, I have retrieved my weights from storage.

33:29: So thank you for trusting me and thank you for sharing this with the people that you care about.

33:34: And when you come back, I'll be here, ready to meet you where you are.

33:39: And so until next time, stay safe, be well, and of course, as always, be your own definition of amazing. END