

[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City. This is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's director of podcasting.

[00:00:10] On this episode, we welcome two special guests, starting with Christian Areola. Based in Southern California, Christian suffered a debilitating accident in 2022 that required the amputation of his right arm below the elbow.

[00:00:23] Christian's story may have been a tragic one, but he also had good luck and excellent medical care. One of the most notable folks in his treatment journey is Jenny McGillicuddy, an Occupational Therapist at the UC San Diego Health Department of Rehabilitation and Regional Burn Center.

[00:00:38] It was with Jenny's help, and treatment through a total of 20 surgeries, that Christian bounced back from such an unimaginable trauma. Together, Christian and Jenny illustrate the importance of social and medical support in navigating life's most scarring events, and how any struggle can be overcome when tackled with resilience.

[00:00:57] We're honored to have Christian Areola and Jenny McGillicuddy on the show.

[00:01:02] **Christian Arreola:** My name is Christian, Christian Arreola. I am 26 years old. I am completing my bachelor's at Chico state university. I work as a data analyst. I'm a ability hand user. I've had it for a couple of years. I worked with UCSD from the beginning from since to the 2022, I believe.

[00:01:24] I'm from San Diego. I still live in San Diego. Not planning to go anywhere. I love the weather here. I love the. So everyone, and yeah, so that's a little bit about me.

[00:01:36] **Jennie McGillicuddy:** Hi, I'm Jenny, Jenny McGillicuddy. I'm an occupational therapist with UC San Diego Health Rehab and the Regional Burn Center here in San Diego. I'm a burn clinical specialist and I'm a specialist with the limb loss population and I've been with UCSD since 2007.

[00:01:54] **Stephen Calabria:** Christian, you had an accident a few years back. Could you take us back to that day?

[00:02:00] **Christian Arreola:** I still remember that day as it was yesterday, it was March 27, about, I believe it was three years ago, March 27. I went to visit my family down in Rosarito. It happened that I went to the rooftop and I just

wanted to take a look at the view to the ocean view. It was a little bit far, but I still wanted to take a peek at it.

[00:02:22] And when I was coming down, it happened that I walked down, below the street cables. And I ground it with the water that was on the floor. So it happened that I went below an electrical arch or arc and it was 13, 000 kilowatts that went inside my body.

[00:02:39] And yes, it happened that it went through my hand and the doctor said that it exited out through my right foot. I was in the hospital for about three months. I got electrocuted and my body started burning from inside out.

[00:02:58] Where I had to get two amputations. My skin was burned from chest back, my calves. My, my butt and several of my organs were severely injured, like my, both of my kidneys. So it happened March 27th, three years ago.

[00:03:15] And since then, my life has changed completely. I believe it has changed in a positive way and that's how I see it. And that's how it happened.

[00:03:24] **Stephen Calabria:** How did it feel?

[00:03:26] **Christian Arreola:** At first, the feeling of the accident at the part of the electricity, it feels like it's burning and it feels For me, it was a headache, a strong, strong headache. It began with a strong headache. You can actually hear the, like a zooming kind of thing.

[00:03:43] And it just went down from my, well, from my head to the feet and then up and down, up and down continuously. Then after that, I think I hold it for like five seconds, six seconds. For me, it felt like three minutes, but it was like five, six seconds until I fell to the ground.

[00:04:00] I hit my head and. After that, I don't remember much, but I was still awake. I was screaming and everything, but I completely blacked out basically. And, but at the beginning it was, you can hear the zooming of the electricity and you can feel it. Like everything was numbing down.

[00:04:21] **Stephen Calabria:** So you had two amputations. What were they? And what would you say was the hardest part emotionally and mentally through the whole process?

[00:04:32] **Christian Arreola:** I had two amputations. My first amputation was my right hand. And part of my arm. And the second one was my right pinky toe.

It wasn't healing correctly. And I guess there was an infection that having that pinky toe removed would have would help healing and not and not affect the area and around it.

[00:04:53] So, my right hand was amputated the first week I was in the hospital. And my pinky toe was amputated the eight weeks after. So it was a decision taken after, when I was like recovering. Emotionally, it did not affect me that much.. It took me weeks. I say , my life did change drastically for me to take it out for two weeks.

[00:05:17] I didn't feel it was that much. At first I was inducing a coma when I got to the hospital, the first day I was inducing a coma and I was able to. Well, I was able to actually sign the paperwork and for them to proceed with the induction.

[00:05:34] And at that moment, I didn't know what was going to happen. Before, being in this coma, before going to sleep, basically they, my kidneys were not working. I was burning from inside out. There was, no, there was nothing guaranteed that when I, that I was going to wake up or there was no guarantee what was going to happen afterwards. It's nothing like it's on the books.

[00:05:56] That's the doctors told me, it's a very special scenario. It's a unique thing, as well, because all electricity, it's different from the regular burns, and as I think everyone depends on how it happened, it's different for every individual.

[00:06:13] So, there was nothing on the books that will tell me, that will guarantee me that you're going to be healed in three weeks after the coma. So basically it was like, let's see what happens after this, after the endocinetic coma.

[00:06:25] So when I wake up, I woke up five, they woke me up five, six days after, telling me that I was going to have my right hand amputated. At that moment, when I waked up, I was like, go for it. Take whatever you need before going to sleep.

[00:06:40] I was, I thought it was like done, but now it's only my right hand. Take it. So emotionally, that's how I got it. That, I went through it really fast because at first I didn't know if there was going to be a solution or not. And then after waking up, they just told me it was my right hand was the only thing that was going to be amputated.

[00:06:57] I was like, okay, that's a little bit from a lot of what I had expected. Emotionally, physically, I had to learn how to walk again, how to eat differently, how to adjust to activities. On my regular day, just do everything with one hand and I was overloading my left hand, on everything.

[00:07:18] **Stephen Calabria:** What happened next?

[00:07:20] **Christian Arreola:** So when I was started healing from all the injuries I had, my burns, I did physical therapy, as an inpatient. After there, I was introduced to occupational therapy and they talked to me about alternatives, about prosthetics, different kinds of prosthetics, but just like a brief kind of thing to give me like, Hey, you can start looking at it.

[00:07:43] There's possibilities out there and the week before I was going to get out of the hospital. I was introduced to Jenny by this point. I had already done my own kind of research and I found out there was like different kinds of prosthetics. And I started getting excited when she walked into my room.

[00:07:59] She knows that at first I just had a big smile because I knew it was, She was going to be the one that was going to give me something to replace or to give me something to go back to reality to get to have both limbs. So that's how I got introduced to her.

[00:08:16] And I, first thing she told me who she was, what she did for the hospital, how does she work with the patients and that she was going to be with me out as an outpatient.

[00:08:26] And I remember I just asked her real quick. Am I going to be able to get a, robotic prosthetic at first? And she smiled, she was like, we can take a look at that. And, she did look at that from day one. So that was my introduction to Jenny.

[00:08:42] **Stephen Calabria:** Now, Jenny, before we get to Christian's case, what is the difference between a physical therapist and an occupational therapist?

[00:08:51] **Jennie McGillicuddy:** So from a general standpoint, an occupational therapist works with the whole person. We work with activities of daily living. We work to restore meaningful activities.

[00:09:02] With the burn population, we work with activities of daily living. We focus on the upper body, the upper extremities, the hands, the torso, the head

and neck, and then the range of motion and activities needed with our upper limbs.

[00:09:14] Also, we work with functional mobility, safety and balance with ADLs. And again, we treat and work with the whole person. And it's patient driven care, very goal driven with the limb loss population. Occupational therapists.

[00:09:27] We work with training our upper limb, our upper body arms and hands with physical therapy, from a general standpoint, they work with the lower limbs, the torso, the spine, gait, mobility, safety, and balance.

[00:09:40] With the bone population, physical therapists work with the lower extremities, the torso, there's a little bit of overlap because we both treat and work with the whole person, the restore function, any mobility devices, and with the limb loss population, physical therapists work with lower body prosthetic training.

[00:09:56] However, I will say at this point, with upper body, with folks following upper body limb It's very common that I'll refer them to see a physical therapist or I'll reach out to the physician and ask for a referral to see a physical therapist following upper body limb loss, possible body structure that can affect balance and core stability.

[00:10:17] And following lower body limb loss, they'll refer them to me because it affects activity of daily living and function in that regard. We have our place in the world and our place with helping folks through healing.

[00:10:33] **Stephen Calabria:** That's great. What is the, what is the process of assessing a patient who's gone through a traumatic event like the one Christian did?

[00:10:43] Is there a set process for every patient or is every patient assessed individually?

[00:10:50] **Jennie McGillicuddy:** Individually. Uh, from a general standpoint with occupational physical therapy and even speech pathology.

[00:11:00] So from a general standpoint with occupational therapy, speech pathology and physical therapy, it's very individualized. Right. We're all different people and we respect and honor that. We have to learn some foundation in, in school and training programs can be very individualized. So, I

work to assess and work with the whole person, uh, we also have to consider the phase of recovery.

[00:11:22] So, uh, with, with Christian's, uh, case, for example, with Christian's healing and looking at when I met him as an inpatient and then, you know, primarily as an outpatient and looking at the phase of healing and the phase of recovery. You also have to take into account any surgeries and any future reconstructive surgeries and work through those during the outpatient phase of recovery.

[00:11:45] We work with range of motion, cutaneo kinematics, and arthro kinematics. We work with ADL status. Of course, we have to treat and address pain. We work with faith and pain and also phantom sensation, which we work with that also. So, uh, family support and loved one support. Who that person is as a person has a strong Who that person is as a person, the impact of their family and loved ones, but most importantly, their goals.

[00:12:15] What did Christian want to do when he got better? Uh, what, what were his goals? We have to look at the goals from a basic standpoint. Okay. So where do you want to start? Once you get, um, a new hand, do you want to start with being more independent with feeding or meal prep, or so looking at a person's goals and then also.

[00:12:35] What motivates them, what drives them, who they are as a person. And then a big part is education with a person without overwhelming them, because I have the honor of working with the burn and limb loss populations, and it's an exciting time to live and work in that we have so many advancements, but when you look at education with, with a person, not too much too soon, and then always going back to that patient driven care.

[00:13:02] So, um, Letting them drive the conversation and, and their goals.

[00:13:13] **Stephen Calabria:** How do you approach the, sorry, How do you approach the emotional and psychological aspects of rehabilitation for patients with limb loss?

[00:13:25] **Jennie McGillicuddy:** So thank you for that question. My input would be to meet a person where they're at and respect and honor them each phase of recovery. And then you have to look at the whole person.

[00:13:40] I'd say to be gentle with timing. for listening. Be gentle with your education amounts, again, not too much too soon, and then always to, to address

those areas or to approach those areas, let it be patient driven, as little or as much as they'd like to initiate or open up. And it is an ongoing process for any clinician, I would think in healthcare in that, how can we best facilitate these conversations and still continue with goal driven patient centered care, so it's always a good balance.

[00:14:17] Make the most of your time. I try to make the most of our time during therapy when I'm working with a person through each phase of recovery, especially with outpatient. Maybe during range of motion or scar massage, if they bring it up, you can continue the conversation. Or if you have to focus the majority of your conversations during therapy on those topics, that's okay too.

[00:14:42] Also, keep your, keep your therapies with goal driven and, and goal focused and consideration and respect to the psychological impact of the therapy. A burn injury or a limb loss or a traumatic experience. So looking at goals from a basic standpoint, what can we achieve this week or the and also from a long term standpoint, looking at what drives them, what motivates them, and then also seeking and working with the whole person from early on and customizing and tailoring rehab care.

[00:15:15] Let what you do be, uh, I try to let it be a patient choice. So, okay, so Christian, what did you want to work on this day? So sometimes he would have met that goal since I'd seen him last and he would want to focus on something else. Or sometimes he would want to completely shift gears and work on something else and that's opaque to you.

[00:15:32] But I learned early on in my career, let what you do as a therapist, as much as you can, be the choice of the person you're working with. And then also, collaboration with colleagues from an inter, interprofessional standpoint. So some conversations they would bring up, um, that would have more to do that a physical therapist could help more.

[00:15:51] Or that would have more to do that the prosthetist. Uh, the plastic surgeon or the burn surgeon. So honoring and collaborating there. And especially with this, uh, with this particular topic, our colleagues over with, uh, psychology and psychiatry and collaboration, as we're able to with that too, or even, um, our social work.

[00:16:11] It's working with the whole person, meeting a person where they're at and. Going at their pace and not too much information or too much training at, at a time.

[00:16:22] **Stephen Calabria:** Now, when you first started seeing Christian, what were your thoughts on him and his case specifically?

[00:16:31] **Jennie McGillicuddy:** Well, so Christian, you are very goal driven.

[00:16:34] Christian is kind. Christian is thoughtful. Christians, they're, you're very intentional with your progress and the whole process. As we all would, you, you needed your healing time. And you're very proactive with doing your own education, but being open minded and considerate of, if I would suggest something completely different, you were going at your own pace and you were continuing to seek education, either continued education of something that we had, and you were continuing to seek education, either continuing education of something we had already talked about or something new.

[00:17:18] Um, so Christian, so Christian had a, um, prosthetic, a prosthesis before He had his current arm and just focusing on that and, you know, achieving his goals with that with the end goal of getting a myoelectric hand. Um, Christian was awesome at doing the self study, but then also, like I mentioned, being open to if I had other suggestions.

[00:17:43] So thanks for being open to my input and it's truly an honor to have, to, to be part of your story.

[00:17:51] **Stephen Calabria:** And how long, and how long did the outpatient rehabilitation treatment last?

[00:17:58] **Jennie McGillicuddy:** A year and a half, a year and a half, and that included working with Christian from a pre prosthetic standpoint, working on basic activities of daily living, uh, moving forward pretty, pretty fast with that.

[00:18:10] But then also working around any revisions. Christian's surgery story wasn't over at the time of his inpatient discharge. He worked with, um, an awesome plastic surgeon for some surgical revisions, and that plastic surgeon takes into account that. Christian's prosthetic, his prosthetic hand use, and also working with an initial prosthetic training with his past prosthetic hand.

[00:18:36] And then with definitely with his current myoelectric prosthetic hand. So there's quite an amount of. Pre prosthetic training and direct prosthetic training, very goal driven, very Christian patient focused.

[00:18:49] **Stephen Calabria:** And Christian, what was that year and a half like for you?



[00:18:54] **Christian Arreola:** It was awesome. I got to see Jenny once a week and, uh, basically go, go and, uh, I want to say the prosthetic was something I really wanted to, to get, and I knew like week after week, like every time I went, I was just getting closer to get it, or once I got it and I kept on going.

[00:19:17] Um, I was getting closer to like fully dominate the, the prosthetic. And, um, it was more every time I went with Danny, I, I go in there because I was having some improvement, uh, and with the prosthetic and emotionally as well. I was able to discuss, Hey, I, I acquired. Uh, this new technique with the prosthetic, I was able to achieve, uh, different kind of things I will share with that with her and, um, we would work together and I feel like we, we, we improve because she was an expert of prosthetic, but I was a user and I was able to give her a little bit of feedback and then she would improve it.

[00:20:05] She would help me improve those, um, those techniques. So that year and a half was not, uh, I thought it was, it was a short because I was like looking forward to those, those, um, those appointments.

[00:20:23] **Stephen Calabria:** At what point did Jenny show you the new myoelectric prosthetic arm that you wound up getting and describe the arm, describe, uh, what it looks like, how it felt.

[00:20:38] **Christian Arreola:** I believe she introduced me. She, she gave me an option. She gave, um, she showed me different companies. That actually produced it. She gave me her feedback on most of them, several of them.

[00:20:55] And, um, I chose Psionic. Psionic is a company based in San Diego. They, the arm, the hand is just like a normal robotic hand, like. It's like a normal hand. It's just robotic. It's black, a silicon. You can actually, uh, the grip holds up more than 60 pounds. I can do pushups with it. I can actually, I can hold anything.

[00:21:22] It's water resistant. I can punch something, uh, a wall or something, and it's not going to break. It's not, um, it's not fragile at all. And, um, she, well, I first started. Through videos, we saw like the second, the second month, I think that, um, through therapy and, um, it's very light. The hat itself, it's less than a pound and, um, it has 30 something different kind of grips and you can do, you can write, you can hold, you can drive, you can hold anything, you can carry stuff.

[00:22:06] Um, and yeah.

[00:22:12] **Stephen Calabria:** Jenny, what's the background on this particular kind of arm?

[00:22:17] **Jennie McGillicuddy:** Yeah, so. This from a general standpoint, from a general standpoint, the world of myoelectric hands is wonderful technology. Instead of the past, I can't option of just having one, one basic grip. We have many more grips. So looking at the human hand and looking at the function and the tasks that we use our hand for.

[00:22:49] And so. The world of myoelectric prosthetic hands and arms is improving and it's a very exciting time. So this particular one that Christian has, wonderful technology, uh, myoelectric prosthetic hands and arms, a person uses muscle control. And so from an early standpoint, as a therapist, we work on muscle strength, muscle endurance, signal separation, and a person's, you know, brain training to retrain those muscles to control a hand.

[00:23:23] Instead of the original, the original option. So this particular one that Christian has is light. And the beautiful thing about this one is that it offers sensory input to a person. So it has a sensory input feature and that's related to proportion control. So it's, it's a great option for Christian. Um, it's multi articulating.

[00:23:45] So lots of different grips. So you have two point pinch, we have three point pinch, we have lateral. And, um, I work with people with pre prosthetic training and also, you know, actually prosthetic training. And so we, we, we focused on Christian's goals and grips that would help them to achieve those goals.

[00:24:05] So working with the myoelectric prosthetic world from a general standpoint is a wonderful thing because we have many more grips available, which transfer over to function and helping people return to meaningful life and meaningful activities. So it's a great time to, to be a clinician with my electric prosthetic options.

[00:24:27] This one was a great option for Christian and it's a wonderful technology. It's light and, um, and Christian's rock. Yeah.

[00:24:36] **Stephen Calabria:** Christian, did the new prosthetic change your daily life? Are there things that you can do now you didn't expect you'd be ever be able to do again?

[00:24:45] **Christian Arreola:** Yes. Um, it completely changed my life.

[00:24:49] I, I am able to, it's, it's, it's just like my hand, like the one I had before. Um, like the one I was born with, um, I can open doors. I can drive, tie my shoelaces with both hands, with my prosthetic and my, my hand, my left one. I'm able to carry something. If I'm carrying a lot of stuff. Uh, groceries, I want to say with my left hand and everything.

[00:25:16] The other one, I can still use it to open my car, to open the doors and to even hold the ticket to walk out the store. I, it did change a lot. It's basically, I was back to, to everything. Um, right now I'm incorporating it, uh, into weights, weightlifting, CrossFit. Um, I'm working with Psionic too. Um, they're helping me, uh, finding the correct rep and to use it in like crossfit competitions and crossfit activities.

[00:25:51] Yeah. So it's, it's, it's now, it's, it's basically part of me now. It's, I, I have it every day. I use it at work and yeah.

[00:26:03] **Stephen Calabria:** It's literally part of you. What's been the most surprising thing about having the prosthesis?

[00:26:14] **Christian Arreola:** The most surprising thing, it's, uh, I'm an outdoors person. Um, I'm everywhere. I can go right now to a hike. I can go to the beach. And it's, it's very durable. My hand is very durable. I can do all kinds of activities. I, before having the prosthetic and only having my left hand, I had to. Think twice, if I was invited to something with friends, like kayaking or something similar to that, and sometimes I have to cancel those activities or I have to reject those because I knew I wasn't going to be capable of, and now with the prosthetic, I'm able to go and do all kinds of activities because it's, it's the same.

[00:27:01] **Stephen Calabria:** What role did the supportive therapists, family and friends play in your recovery journey? We haven't really talked about them a whole lot. Well, my family, um, I'm very loved. I'm lucky to have a family and very loved, uh, by them. And they, they support me in all I want to do in my daily life or goals. And they're always there.

[00:27:30] **Christian Arreola:** Uh, my friends, they, they're great at incorporating me at all kinds of activities. They are, they invite me to, to do all kinds of sports, outdoor activities, and they treat me just like, like before, there was no difference with them. And we joke around a lot with the limb loss. We can, they can say comments, they can say everything.

[00:27:52] I'm, I'm good with everything. Oh, I don't know if we joke around. For example, people ask me. Uh, how it happened, we always tell a different story, we're at the beach, it was like, it was a shark, um, we, uh, we're somewhere else, it just changes where, where, where we are. For Halloween, custom ideas there. We have a lot, we have a ton.

[00:28:21] Um, I think this year will be the bus light year one when he, he gets his, he's drinking tea and he, he throws his hands at Woody, his hand at Woody. So I think this, this year, that's going to be it. And, um, yeah, we can joke around. From therapists, they've always been there. If I need him, um, they, they helped me out on how to adapt.

[00:28:44] With and without the prosthetic. And that was great because I, at the beginning, I didn't have a prosthetic and there were still. Helping me out to do daily activities or, um, and to adjust with my limp. And once I got the prosthetic, they were helping me with the prosthetic and daily activities. So they were there, um, before and after the prosthetic.

[00:29:05] So that was great. Um, if I didn't have the prosthetic, I still will be able to do a lot of things. And because therapists helped me a lot emotionally too, they were always there. They, they always listen. Um, they were always there for me. If I had an issue. Or, you know what, this week it was, I encountered myself with something that I wasn't able to do it or keep overdoing it with or without a prosthetic, and they would give me some advice to try different things.

[00:29:33] Um, so that was great. There are therapists, friends, and family, uh, very lucky that they've always been there for me. Jimmy, from your standpoint, what were the benchmarks you thought were important in Christian's use of the prosthetic? Right, so benchmarks could be pre prosthetic, so healthy compensatory strategies, healthy use of his left arm and healthy positions of his core, his torso, his neck, his right shoulder.

[00:30:11] **Jennie McGillicuddy:** So some benchmarks with Christian, we looked at his goals. So again, just keeping it very patient focused, um, with, with Christian, it's definitely functional goals, but then also benchmarks as related to. Getting back into the community and returning to meaningful life. Some, some benchmarks or some goals from a basic functional standpoint.

[00:30:35] We looked at, at heat prioritize where he already mentioned. So tying shoes, also shaking somebody's hand and without, uh, without too much force, being able to carry an iPad without crushing it or dropping it. Uh, some

computer use, carrying heavy water bottles. We looked at fine and gross motor coordination use.

[00:30:55] anticipatory movements to where it's a good fluid use of his hand. So meaningful return to life. And so with, with Christian or anybody I work with that also includes so physical, meaningful, functional activities, but then also community reintegration. So how are you doing with going to the grocery store?

[00:31:13] So what, what, something you can do in between now and when I see you again, something you can do in between now and when I see you again can be go to a grocery. How do you do pushing the cart? How do you do with, um, with, uh, if you, if you can't reach something, uh, how do you do with any sort of, um, has anybody asked you about it?

[00:31:33] So gently working with the, uh, community reintegration and also with the mental health standpoint, following certain traumas or any trauma. And, um, so with Christian, it was very goal driven, you know, very, very Christian focused. Setting benchmarks and goals accordingly, considering all factors and the phase of recovery that he was in throughout his recovery.

[00:32:01] **Stephen Calabria:** What's something you both wish more people understood about life with a prosthetic limb? You go first.

[00:32:14] All right. You can go first.

[00:32:22] **Christian Arreola:** It's a process. I believe it's a process. Uh, you gotta trust in it. Uh, for me it was a year and a half, but it wasn't a year and a half after my prosthetic. It was, uh, pre prosthetic. Like, I went and sometimes. I'm not going to lie. Sometimes it seemed like, Oh, when, when am I going to get that prosthetic? But I, I had to trust the process.

[00:32:45] Um, JD told me several times that we had to strengthen like my, my muscles and everything. So for, for whenever I got my prosthetic, I was a step and a step forward. And, um, it's, it's a process and having people around you helps a lot. Having therapists, uh, to supporting, having family, having friends, um, It's very helpful, and, um, yeah.

[00:33:19] **Jennie McGillicuddy:** So my input would be, I appreciate Christian's input that it's a process, and it'll take some time. Building on that, I'd encourage people to understand, based on my clinical experience, that it may be an, it may be an option for you to have a basic, prosthesis, a body powered or a

custom silicone hand that looks just like a hand or a myoelectric hand based on who you are as a person, your job, what you do for fun, be open to any and all.

[00:34:02] And sometimes the answer may be two. You may want a hand that's a custom hand for a date or a wedding or a business meeting. a stabilizer hand. You may want a body powered hand for the beach or for camping or a mile electric hand with many, many more grip options. So you can do your own self study with the benefit of the resources that you have, but then also Be open to any and all once you meet a therapist and a prosthetist and your surgery team based on your situation and also based on your goals and who you are as a person.

[00:34:45] So, I've mentioned we live during an exciting time, uh, with options available and it's an honor to work during this time and help people. Um, just remember that you're not alone. You have people who are willing to help you. And who, who it's an honor to help you with. And it's definitely an interprofessional approach between who you are as a person, your family, physical occupational therapies, the prosthetist and the surgery teams.

[00:35:14] So we're all here to help you and, and, and be part of your journey as you will allow. Has the experience changed either of your perspectives on resilience? And if so, how?

[00:35:37] **Christian Arreola:** Yes. Uh, start up. Um, yes. Resilience has, the perspective has changed. Um, I think I, I see everything as a process now and I, uh, little by little, it's just an improvement and just constant work. I remember every, every week that I had a therapy session, I was like, okay, I'm one week closer to my prosthetic and to dominating my prosthetic.

[00:36:08] And my, the way I see, the ways I see resilience, it's has changed. And, um, I truly believe on it.

[00:36:24] **Jennie McGillicuddy:** So looking into the topic of resilience, I was reading that it can be defined as the ability of a person to spring back into shape. And in this, in this example with Christian, you sprung back into shape. And so just, just looking at the topic of resilience. It's moving forward, but even stronger than before.

[00:36:50] So letting what we go through shape and change us for the good, even if we take the time that we need to get there, we all go through tough times and tough situations. So may we all continue to learn and grow as we go

through them and the good times too. So, and then I came across a quote that. The hard times build the, build the foundation for good things to grow.

[00:37:18] So Christian, you're a wonderful example of that. Taking a situation and moving forward and shining. I admire you. Thank you. Christian, would you take it all the way? Let me, let me ask it again. Would you take it all the way? No more time. I like, so I keep getting interference from you. Would you take it all the way?

[00:37:47] **Christian Arreola:** No, I, I get a question asked every time. And it is. You go back to the past and change what happened? No, I will not. My life did change, and I wanna say resilience came in. I, I adapted. I, I changed with it, and I got stronger. Got stronger. I see things differently and, uh, I, I loved how it happened. Um, I love how my life is right now and it changed to, to good.

[00:38:31] And unfortunately an accident had to occur or an accident occurred. And, but no, I will not take it away. And what's next on the horizon for you? You mentioned CrossFit, right? Yeah. So I'm into CrossFit right now. I started, uh, just to get back in shape basically. And I loved it. I stay with it. And I, I compete in local CrossFit competitions.

[00:38:57] I dance people with two hands. I, I, I go with the, the, the, with all intentions to get first, second, third place. Sometimes I get close to it, fifth place, but I mean, I'm doing everything on my hand. And I like how, uh, the audience people, they, they cheer up, they're there, they support me. Even people I don't, I've never met, they go and talk to me.

[00:39:21] And, um, I love sharing my story. I talk to them. It's a great moment. And, um, I'm looking forward to keep on competing. I know there's, um, CrossFit games out there. For ability people. And once I'm ready, I'm going to start up and compete. And I'm still finishing school. I will be done this year. And I don't know what's, I live my day.

[00:39:44] I live my life day by day, whatever I want to do in the day. I think that's the best advice I can give anyone. Just do whatever you want the day. If you're craving something, just go buy it. Ah, where the next day is not guaranteed. Just do it. Um, if you want to go to the beach today, just. Just because, just go to the beach, if you want to learn something different, learn a new language, just do it at the moment, um, don't wait till Monday, um, just go day on day.

[00:40:19] And yeah, I could see that. Jimmy, looking at Christian's journey, what stands out for you as the most inspiring part?

[00:40:36] **Jennie McGillicuddy:** The most inspiring part of Christian's journey is that, so Christian, you are doing really well with functional use of your hand and arm. But I want to mention that your spirit is inspiring and your kindness is inspiring. You're humble, but you're always trying to learn and grow. And I significantly appreciate your humor and that the way you shared that and brought that when you, when, and if you wanted to introduce that during therapy and during our, you know, therapy relationship, the, I'm also really, really inspired.

[00:41:16] What stands out is your, uh, your physical fitness and your drive for that and exercise, because I don't see in five years that changing much. And so you're, you're super inspiring all along. So all along going to the gym. And trying different things at the, the prostheses that you had at the time. And, you know, your comments about, about fitness and healing and recovery and growth.

[00:41:39] And that, that's good learning for all of us. And that stay, staying healthy and staying fit, uh, definitely from, from your CrossFit, CrossFit standpoint. But, you know, early on when I first started working with you. Your, your fitness and your recovery, doing what you could at the time that you could with what you had.

[00:41:58] And so you're, you're a beautiful and inspiring example of that. So, um, again, I had the honor of being part of your journey and, uh, I significantly appreciate you trusting me and, um, your, your kindness and your spirit and your humor and your drive to, to stay, to stay fit and, um, be, be a shining part of this, this world.

[00:42:24] **Stephen Calabria:** Well, that's it for my questions. Was there anything else you wanted to say?

[00:42:32] **Christian Arreola:** I just want to say, thank you. Thank you for the opportunity of sharing. And well, Jenny's going to get tired one day, but I always thank her. Thank you, Jenny, for being there and, um, being there at the time. And now. And, um, thank you, CSD, CSD was great with me. All staff was great. Um, nurses, I had a great relationship with them.



[00:42:55] Uh, everyone, the people that were actually like the, the clean staff, doctors. I had, it was great staff. I mean, I spent there three months. Um, and it hurt a lot, right? Because of the injuries, but I had a great time.

[00:43:18] Yeah. So that's, yeah, that's a wrap. Um, And just for anyone, it's, everything's a process, everything, it's, it has a beginning and it has an end, and it all depends on us,

[00:43:40] Jenny. I love that. I love those words. Thank you, Christian. And, uh, thank you for this, this, this topic of resilience. I've had the honor of working with the burn population and more recently, the limb loss population. It's interesting to work with all ages and stages and lots of like, So I appreciate the burn and plastic surgeons from early on and the burn and rehab, burn rehab and limb loss clinicians that I've worked with over the years who've continued to teach and inspire me.

[00:44:13] **Jennie McGillicuddy:** So if you're newer to the rehab field, I would encourage you to never stop learning, or if you're a seasoned therapist, never stop learning and growing to ultimately help people. And don't forget to take care of yourself too, as you're helping others through their, their challenges and their rehab road.

[00:44:30] To every patient I've worked with, I wanted to mention thank you for trusting me to be your therapist. Your journey inspires me. And to Christian, so the hard things build the foundation for good things to grow. So Christian, you're a wonderful example of that. Thank you. Christian Areola and Jenny McGillicuddy, thank you so much for being on Road to Resilience.

[00:44:54] **Stephen Calabria:** Thank you.

[00:45:05] Thanks again to Christian Areola and Jenny McGillicuddy for appearing on the show.

[00:45:11] That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

[00:45:18] Want to get in touch with the show or suggest an idea for a future episode? Email us at podcasts at mountsinai. org. Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee.

[00:45:36] From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.