# Health and Human Science Matters Season 1, Episode 7: Arlene Schmid

Arlene Schmid: I am lucky enough to say that I left the clinic to do yoga research, and that is absolutely what I do. All of my research time is really developing and testing interventions for people with disabilities. It really started with, "Can we even get people with a stroke to do yoga? Is that feasible? Will they do it? Will they like it? Does it help them?" We've gone from that to, "It is so beneficial for so many people."

Avery Martin: Welcome to Health and Human Science Matters, a podcast by Colorado State University's College of Health and Human Sciences. I'm your co-host and digital media strategist, Avery Martin.

Matt Hickey: And I'm Matt Hickey, Associate Dean for Research and Graduate Studies. In our college, we make it our mission to optimize human health and wellbeing through discovery and innovation. Don't just take our word for it. Each episode, we sit down with people who fulfill that mission, our college faculty and staff. Today, our guest is Arlene Schmid, a professor in the Department of Occupational Therapy. Arlene, welcome. We're glad to have you.

Arlene Schmid: Hi. Thanks for the invitation. Happy to be here.

Matt Hickey: Well, we're glad you're here. We're interested in hearing more about you, so can you tell us a little bit about your background? Who are you, your educational trajectory, et cetera?

Arlene Schmid: Sure, sure. By clinical background, I'm an occupational therapist, which is now, shockingly, almost 25 years ago that I graduated from OT school. I went to school in Buffalo, New York, which, sorry to say for any Buffalonians, is kind of rough, really gray and really cold. So about a month after I graduated from OT school, I moved to Hawaii. Yeah.

Avery Martin: That's definitely a stark transition.

Arlene Schmid: It's quite a difference. It's quite a difference.

 I worked there as an OT for about five years. It's hard not to love Hawaii, so I really found myself there. It's like the years of coming of age. Had great experiences, and lived a pretty good life in Hawaii, and hung out, and had great friends. Met my husband there.

 Then what I really started finding was how much I loved yoga. 25 years ago in Buffalo, New York, there was maybe no yoga at all. Then in Hawaii, because of the different influences from around the world, there was yoga, tai chi, acupuncture, things that I hadn't really heard of on every corner.

 So I started doing yoga, and really liked yoga, and felt better, and then started doing yoga with my clients. I worked in all sorts of different places. I worked in nursing homes. I worked in schools. I worked in an adolescent inpatient psychiatric unit. I worked in hand therapy. I kept coming to yoga, and finding yoga was really good for all of these different people, 12 year olds all the way through 95, 100 year olds and decided I wanted to research yoga, and sadly, made the really hard choice to leave Hawaii to go get my PhD at University of Florida.

Matt Hickey: At least it wasn't Buffalo.

Arlene Schmid: It wasn't Buffalo.

Matt Hickey: Learned that lesson, didn't you?

Arlene Schmid: It was not Buffalo. I'm a Gator, for my PhD. People there thought that yoga was a little crazy, a little too hippie dippy for PhD school. I did my PhD really with really great researchers with stroke rehabilitation, with the plan that I was going to keep yoga to myself for a little while, and then when I got out, I was going to really start doing yoga research. That's what I've done, which is cool.

 I moved to Indiana University. I was there for eight years in the OT department, and worked in the VA as well. Now, I've been here. I'm on my ninth year already here.

Matt Hickey: Time does fly, doesn't it? It's really something.

Arlene Schmid: I really does fly. Yeah. It's great. We love it here so much. My Hawaii husband loves it here. Indiana was a little rough.

Matt Hickey: It's an acquired taste.

Arlene Schmid: It's also really gray and cold and humid and not... Yeah. We just love it here. This has been really a good home for us.

Matt Hickey: I trained in Indiana as well, so I know what you're talking about.

Arlene Schmid: Yeah, so you know. It was a great place-

Matt Hickey: I lived in New York, so I know the Buffalo story.

Arlene Schmid: Yeah. You know that. It's a great place to be for a stepping stone, but this is a really great place to have landed.

Avery Martin: So if you rank them, it goes Fort Collins, then Hawaii probably number two.

Arlene Schmid: Yeah, for real, it is. It really is. Fort Collins is number one.

Avery Martin: Perfect.

Arlene Schmid: We are lucky, and we get to go back to Hawaii pretty often, but we love to come home to here. Yeah, yeah.

Avery Martin: That's great to hear.

Arlene Schmid: Yeah. I know. It's good.

Matt Hickey: Arlene, I'm interested in early influences, whether they're familial, or maybe an early mentor that might have lit your fire in some ways. For me, I always think of my dad when somebody asks me that question.

Arlene Schmid: Yeah. I'm a first generation college student, and so I grew up in a family where we didn't really think about going to college. I luckily fell into a group of girlfriends who everyone was going to college. That's essentially what pushed me into college. So it's a very different trajectory than a lot of folks have. My parents have passed, but if they were alive, I'd still be trying to explain what occupational therapy is. It's a hard one for folks to wrap their head around.

 But career-wise, is really a few women in Indiana who really shaped me and taught me that you can have great research career, great quality of life. My primary mentor was a stroke neurologist. Those women kind of ran the stroke world in the entire VA nationally, but she still taught me to knit and really felt like those were important skills to have. So yeah, those women just taught me how to write, but also how to live my life, and that I could have the best of both worlds. So I try to do that here. It's a good place, right? I try to do that with our students, talk about occupational balance, and that it's not all work and all school all the time, and that we need to have this really other side of our life. And it's okay. We can balance it all. There's days and weeks that you are working really hard, but there should be days and weeks when we're really playing hard, and enjoying our day to day life, because it's short, and it goes fast, like how we started this conversation.

 But those women have really influenced me in so many ways. They actually read what I wrote and gave me great feedback. They had piles of data laying around, because they were such successful researchers, but none of them were therapists. So I was able to go into their data and start asking rehab questions with data that already existed. It really taught me to do different types of analyses, looking at data in really different ways, the reality of how hard it is to get manuscripts out, and how long it takes after you are done with the grant and you're still sitting on a pile of data. So those women were definitely the big career influence on my life.

 I think family-wise, I was really taught to see the world and do different things. My dad was in the Navy, so he always, "Join the Navy. See the world." I didn't do the Navy part, but I...

Matt Hickey: It's a good tagline though.

Arlene Schmid: It's a great tagline. But I really enjoy traveling and moving to Hawaii. Moving across the country a few times is scary but exciting. You get to meet people from all over the world. I have friends all over the place that I get to really enjoy. So I think those are the things that have really influenced me and how I try to live my day to day life.

Matt Hickey: You're fortunate to have mentors who have that broader vision. Not everybody I think will be able to share that story. It's great to hear it.

Arlene Schmid: I agree.

Matt Hickey: You spend so much time talking about work-life balance, but I wonder if I've ever used that particular kind of language with any of my own trainees.

Arlene Schmid: Oh yeah.

Matt Hickey: In some ways, it sounded like it was for your mentors, a more natural part of who they were, that I'm not defined by my professional identity. There's more to me than what you see from 8:00 to 5:00 or 8:00 to 8:00 on many days.

Arlene Schmid: And it was that many days. But I agree, there was so much more to these women, and I think part of it was that they opened up their lives to me. I didn't just see them in those work situations. We saw each other in other situations too, but I knew their kids, I knew their dogs and their chickens and their bumblebees and all of the things that make us whole people. And as an occupational therapist, I really strive to, like I said, have that occupational balance, but to know that there's just so much more. Work is important, but it's a part of us and there's other things. So I'm always trying to figure out what some of those other things are though, because I get so excited really easily about a lot of things. So sometimes I don't dive deep into a certain hobby or something that I find interesting. I'm just doing a lot of different random things.

Avery Martin: What are some of those things?

Arlene Schmid: Really like biking. I like to bike to breweries. That's my level of biking.

Avery Martin: That's the best way.

Arlene Schmid: That's my kind of biking. I bike to work today, but I'm not out doing a hundred miles or anything. I like all the Colorado things, the hiking, the biking that we're going camping this upcoming weekend.

Avery Martin: Awesome.

Arlene Schmid: I have two dogs who are going camping, so we'll see how that goes. But I love that. And I really love travel and I love travel planning. I have a problem with travel planning and so the COVID stops travel has been challenging. So I'm always like, "When's the next trip? What are we doing? Where are we going?" I just like to see what is out in the world, what should we go see?

Avery Martin: Nice.

Arlene Schmid: And my husband grew up in Hawaii, and so for a long time it was hard to get him to go places because he was like, "Hawaii, why would we go anywhere else?" And so now he has gone a few places and now he gets it and he wants to go see things.

Matt Hickey: But there's still family there so that makes it-

Arlene Schmid: We have friends there now. Yeah.

Matt Hickey: Any excuse will do.

Arlene Schmid: Any excuse will do.

Matt Hickey: That's great.

Arlene Schmid: Like I said, we get to go back pretty often. So it's friends and food. It's good.

Matt Hickey: We have two more friends that I love to visit.

Arlene Schmid: You want to go to Hawaii, right?

Matt Hickey: Put us in a suitcase.

Arlene Schmid: I know. It's a good trip. That's a good one.

Matt Hickey: That's great. So tell us about your lab. What's going on at the moment from a research standpoint? What are you excited about?

Arlene Schmid: Yeah, so I am lucky enough to say that I left the clinic to do yoga research and that is absolutely what I do. I spend all of my research time is really developing and testing interventions for people with disabilities. So we've done interventions with folks with stroke and brain injury. And my primary colleague who I've done so much of this work with is Marieke Van Puymbroeck who's at Clemson University. But we went to University of Florida together. So we've been conniving for years. And it really started with can we even get people with a stroke to do yoga? Is that feasible? Will they do it? Will they like it? Does it help them? And so we've gone from that to it is so beneficial for so many people. I am not married to a population like a lot of researchers. I'm married to the intervention. And so we have done yoga with populations of chronic pain, stroke, brain injury, inpatient yoga right after the stroke or car accident.

 So right now I have this an amazing team with Marieke and a lot of folks here in the college. We're finishing up a study for people with chronic pain and their partner who also has chronic pain. So a caregiving partner because we know that caregiving is challenging and actually leads to more pain. And so we finished the intervention in March and we're in the middle of writing up the papers and getting things out the door, which of course was quite a challenge with COVID because we work primarily, even though it's a chronic pain study, most folks were older adults. And so we had done two groups of in person. And so we sit around a table like this and we do education about chronic pain and then we do yoga. And that came to a screeching halt of course with COVID.

 And we took quite a long time trying to develop all of that into online virtual interventions. At the end of the day, I think the education was really good, but the yoga was not as planned. We didn't feel like it was safe to have people stand. We definitely couldn't get people to the floor we normally would. And so the yoga component in a virtual system is probably not our best option.

 So the other study we have going right now is for folks with brain injury. And we got funded through a college mini-grant two cycles ago, but we've waited until we could do it in person because our primary outcome is balance and it's really hard to improve balance if we can't get them standing or even to the floor because it's so much core activity. So we are in the middle of that. We are probably an only week two or three of the actual yoga for that.

 But I'm really excited about that. I'm working with Jacqueline Stevens in OT and she is a brilliant person who's able to look at the brain and we're doing actual neuro imaging with the yoga. So it'll be the first study in the world to look at imaging before and after yoga for folks with brain injury. So we'll really get to see hopefully what's happening, what's changing, because we know so much changes for people, so balance improves. But we hear these great stories about their emotional regulation. They don't cry all the time anymore. They don't get angry all of the time anymore. They don't get road rage all of the time. So we hear about all these changes, but we really don't understand why they're happening at the neuro level. And so hopefully this gives us some really great information and then we'll put in a next grant, probably in June, hopefully, to explore that with a much larger sample, maybe in a couple of places even. So those are the primary things we have going on right now.

Matt Hickey: I can't help but ask if you've had a chance to reflect on how the COVID disruption has impacted your approach to how I do my research, if there are lessons you've extracted from that.

Arlene Schmid: Yes. So the team that I was working with here in the college includes Christine Fruhauf from HDFS and Heather Leach from HDFS and Jennie Ports, who's a social worker down at uc Health. And then Julia Sharp is our statistician. And we've looked at it many different ways. So Jennie Ports is really excited about mobile interventions. That's her background. So she's like, "Let's do this, let's make this mobile and get it out to the world." And Christine and I are like, "But it's so much better in person and they get to connect and socialize." And so we're going both routes. We have an RO1 in review now, it's called My Skills, My Skills mobile. So it's merging yoga and self-management skills, and that's in review, very mobile, very much application based with live yoga being streamed. And then we're waiting to see how COVID shakes out right now to write the next grant for in person because we just want to do both.

 So it has had quite the impact. I think for all of us, for many years, every manuscript will say, "Due to COVID, this happened." And interestingly, what we think is happening is the mobile version what we did was maybe more feasible and we had really good attendance, but the in person led to better outcomes. So it doesn't really direct us in which way to go very well. And I do think part of it is that yoga piece could not be delivered as we had anticipated. We just couldn't. And so we online made yoga very safe. That's what we were worried about. So we had many eyes on people and we could contact them and say, "Oh, are you okay? Or scoot your chair," or whatever they needed to do to be safe. And so safety became really more important than them being able to be in the posture or work on their breath work. So we have to figure all of that out if to truly go mobile.

Matt Hickey: I'm curious if you think the online environment actually reduces the stimulus or is there some social component to the face-to-face piece that is somewhat intangible. Hard to measure in some ways.

Arlene Schmid: Yes. So socially they still connected virtually because they were from all over the country. So that's a benefit of virtual. And so we gave them space.

Matt Hickey: Do you think that's the same? Been asking myself this for many years long before COVID.

Arlene Schmid: Right. I do not think it's the same. That's just in my gut, because after they would leave, they might go get a cup of coffee together or something, and it continues on beyond us. I've had studies before in the VA. They totally skip yoga because they thought, well, we should just go get a cheeseburger together instead. I'm like, "Okay, don't skip yoga for a cheeseburger." But they developed relationships where they helped each other take out the garbage or clean the leaves up, or just they helped each other's lives. And so I think that's impossible to get virtually, especially in a time when they were afraid to see each other, be around each other. So I think it is not the same.

Matt Hickey: But it sounds like maybe the yoga stimulus itself is also a little different if you're, you're not there from a spotting standpoint or the safety component, you had to tone it down because-

Arlene Schmid: We did have to tone it down.

Matt Hickey: That's interesting.

Arlene Schmid: Yeah, I'm an occupational therapist, so I feel very comfortable helping people move, transferring them, getting them to the floor. And we train all of our staff to feel comfortable with that. So in real life, we get people to the floor, which is a big deal for people. They maybe haven't been to the floor since they either fell or had a stroke or 20 years ago. So it's a big deal to get them to the floor. It's a big component for Shavasana, which is the last part of yoga when you lay on the floor and relax and let the yoga seep in. And so doing that in a chair sitting up is just not quite the same. So there's a lot of components of yoga that was just different. And with COVID, people all across the world did this. They have made yoga happen, tai chi happen virtually.

 But we don't know at this point. Can it be as good? Can it be the same? My friend and I were just talking about the difference of me, her going to the studio and going to yoga and being surrounded with people versus doing it in my home, which I don't even ever do. I don't know why.

Matt Hickey: It's hard. That's interesting.

Arlene Schmid: It's so hard to do it. But if it's on my schedule, I go to the studio. So there's just some real differences that we don't understand yet. NIH is definitely interested in it. The reach can be so much more if we do virtual, but it's just probably not the same. But it could be really beneficial.

Matt Hickey: It's interesting, isn't it? We've been obliged to adapt whether we wanted to or not and can drag our feet as long as we want. Having a community of scholars, you can think with your team, allows you to be much more, I think, expansive in your view. I want to shift for just a second from what's going on now to take a little bit of a long view because this question emerged a few minutes ago. So for 25 years you've been pursuing this interest in yoga. And I'm curious about a couple of things. Number one, what helped you persist when you probably had moments where you felt like you were pushing a rope, which is always a hard thing to do.

Arlene Schmid: Yeah, pushing a rope. I've never heard that. I like that.

Matt Hickey: The related question is, have you seen the needle move in terms of barriers to adoption? So these are related questions.

Arlene Schmid: Yes. So for some reason, I don't know why, I'm just hardheaded and I'm pushy in that sense. I just keep doing it. I don't know why. And a lot of my work at the very early stages wasn't yoga. We were the first people to say balance and falls are bad for quality of life after stroke. Of course it is, so a lot of my early work was that with the idea of moving into yoga. And so it gave me time and space to get the yoga grants. There is such a shift in yoga research. Yoga is 5,000 years old. We did not make this up. This is old, beautiful practices. But even 2002, when I started my PhD, no one was talking about yoga. There was almost no yoga literature out there. And now I can't keep up with it. There's many articles published every day about the benefits of yoga. And it really started in general with just people that yoga's good for people. And we are the only folks working with people with disabilities. And now there's just so much literature.

Matt Hickey: It has to be really gratifying.

Arlene Schmid: It's amazing. And even living here, there's yoga everywhere. And in Indiana, we'd get some pushback, "Oh, this is devil worship. I can't do this" Or just exercise in general. Where as here, my bigger problem is we like to have people who've never done yoga before. We can't find them here. So here it's people's norm, and maybe not since their injury, but it was part of, they've done it in some capacity in their life. So there's a huge shift. It is much more acceptable across the country, across religions. There's just a shift. And so people feel more like it's more acceptable.

 There is still the problem with yoga looking. If you open a magazine, it looks like 20-year-old white women in tight outfits. And so we are trying to push away from that. It can be people in wheelchairs, it can be people who are 90. It can be all different body types and sizes and colors and all of that. And so we're part of that push, particularly the disability venue. But sometimes they'll publish my work and put a picture of a young woman on her head. And I was like, "No, this is not what we do."

Matt Hickey: Truth in advertising,

Arlene Schmid: This is not who we are serving. And so there's been a shift there as well. But that has been a slow shift.

Matt Hickey: I wonder if she have a little pearl of wisdom you might share for a graduate student or an early career scholar who is in a position similar to you. I've got this passion and I'm going to pursue it. And again, you have persevered and succeeded and seen what was an in of one, perhaps many years ago now, a widely adopted paradigm. So talk to that early career scholar about perseverance.

Arlene Schmid: I think it's the idea of throwing or casting a wide net. When I did my postdoc, I was the only rehab person around. I was more with stroke neurologists and exercise scientists. And so I realized I couldn't be with a yoga researcher because they hardly existed, or I couldn't be with a rehabilitation researcher who was going to do yoga because they didn't exist. And so I think casting that wide net, and to be honest, a lot of this is trial and error and mistake and lucky, but casting that wide net, being okay with taking advice about science and research and grantsmanship from all different people, but then embedding it into my work and what I was passionate about, because I realized I'm the only one who's doing this. My colleague and I, we really were the only people at one time. And so we couldn't get advice about the content. We had to make that, but we could really take the advice and the mentorship from people who just had the skills and the ability to help us move forward.

 And so I think that wide net, and not being stuck with the idea, I have to have an OT mentor, and I hear that now from our folks, is they're looking for postdocs or first careers. I'm like, "You don't need the OT mentor. You are the OT. You have that skill set. You need the research mentor, or now maybe the yoga mentor." But I think really being flexible and open, which are great yoga skills and OT skills, but really allowing for what shows up to work with you, even if it's not what you thought was going to work out or what you thought you needed.

Avery Martin: That's great.

Matt Hickey: That's really helpful. I think there will be many people in your shoes a few years back. And undoubtedly, of course, we're covering a lot of ground in half an hour here and there are the typical ups and downs or frustrations and what have you. But I just think it's encouraging for folks to hear about success in a broad vision and pursuit of a particular interest. But I can add tools to my toolbox to help me understand this particular problem.

Arlene Schmid: Absolutely.

Matt Hickey: And that's an interest that has clinical import, obviously. It's not just because I'm interested in it, but because it can help people.

Arlene Schmid: Yeah. And it's cool because I see it happening now. I see grads, but other people around the country who really are integrating yoga or integrative practices into rehabilitation. That is so exciting. It's actually happening, which is really fun.

Matt Hickey: Got two other questions. And they are about us as a land grant and us as a college. So the first one would be reflected on your almost decade here at a land grant. And are there particular features of working at a land grant that you find appealing?

Arlene Schmid: Yeah, absolutely. So it's very different. I was at a medical complex and university when I was at Indiana. There were eight hospitals on campus, which is handy for recruitment, but it really felt like the medical model and it felt like we are here to fix people and save lives and not worry about quality of life or function or occupation quite as much. Whereas here we are able to be much more community based. And part of that is because we have to be because there isn't that hospital setting. But we're able to really embed ourself into the community here at a different level, which I find more enjoyable. And some of those are challenges, but we ran a yoga and pain study and it's because they heard of our work and said, "We really want yoga here." And so we made that happen.

 And it was a study, but we were in the clinic. I had students working in that clinic and recruiting clients from that clinic, and we were able to serve an under-represented population and underserved population, and people got something that they needed that they couldn't have otherwise. So I just feel like I can really connect to that idea. And I hope that we're able to continue that line of work that we're really embedded in our community, but that we feel like we're serving people who need something. That's one of the other things about yoga. It's very expensive. And so if you just go to a yoga studio, it's an expensive thing. People have to have the right clothes, they think. And so all of those things are expensive.

 And so I really want to bring yoga, it's people who need it. And one of the really amazing things about our community, and I don't really see it anywhere else in the country, is that through the Recreator, we actually have adapted yoga in our community. So it's built around people with MS or multiple sclerosis, Parkinson's, maybe something else, but that really doesn't exist anywhere else that people can get very affordable, very modified and appropriate yoga at the community level. So I really like being part of all of that. I think it's great.

Matt Hickey: That's great. That's is. So last question. I'm eager to hear about your favorite part about being a scholar and mentor, a teacher and a member of this community. We call Health and Human Sciences.

Arlene Schmid: I would say my very favorite part of what I do is actually mentoring our thesis students in occupational therapy. We have 50 students a year, and so of course I don't get to know them well, but I get to really know the thesis students. I in fact just had dinner with two of them who graduated. I saw them Monday, but they graduated I think in 2016. And so I get to really know them, love them. They become excited about research. One of them just started a PhD program this semester up in Wisconsin. So that's by far my favorite. So I get to know them. I get to help them be excited about research. They've all done yoga research, but they are getting to work with clients at an earlier stage because they're helping in yoga and brain injury studies where they're getting to touch people who have a brain injury and feel what that feels like. How do you help them move, how do you help them get to the floor?

 But then having them be able to be thoughtful and reflective about research questions, about data collection, and all of them have published their research, which is really exciting for them. And I have five, I think, well, knock on wood if this happens, going to Paris for the World Federation of OT, which just got rescheduled, of course. But to have people that excited four or five years after they've graduated. That conference is only every four years. So that they're coming. And we went to South Africa three years ago and three students went, graduates went to that. That's what makes me so excited to come to work and sit in my office and teach them how to do research and how to be excited about it, but how to change people's lives through yoga or other interventions.

Matt Hickey: And one of the enduring blessings is to be able to stay in touch after. It's not just while you're here.

Arlene Schmid: It's so good. It's so good.

Matt Hickey: It's a lot of fun.

Arlene Schmid: Yeah, it's really great. And hopefully to see them in Paris.

Avery Martin: Yes. Fingers crossed.

Arlene Schmid: Fingers crossed.

Avery Martin: And alluding to earlier in the conversation, it does sound like you are now that OT mentor.

Arlene Schmid: I guess.

Avery Martin: The one that you were looking for, you became.

Arlene Schmid: You're right. That's nice. Thank you. Yeah, I love it.

Avery Martin: Yeah. So one of the questions that we didn't touch, but I just always just like hearing about where do you see your research, where do you see yourself in whatever amount of time it is? The generic number is always five years, but what do you see that as?

Arlene Schmid: So what I hope happens, and I could be dead by then, so it's not five years, hopefully. But what I hope happens is that my team's research leads us to the point that we provide enough evidence that health insurance pays for yoga to be part of rehabilitation. That's my ultimate goal. And so that's partly why I feel like I just keep doing these studies and keep proving yoga works. And some of our more recent studies has been integrating yoga and occupational therapy. And so that's really what I hope. And I know it's not happening in five years, but I feel like people are making it work. So therapists are figuring out ways to integrate yoga through our therapist's codes for insurance and things like that. So they're making it happen. But I would like it to become really explicit. We know this works. Let's just do this. It should be part of our education. This is part of our student's education, as you can imagine.

 But that's kind of my very long term goal. My short five year term goal is actually more about, it's a little bit of a shift, is we've run all of these studies and every single study has someone who has sustained some level of trauma. And so I was on sabbatical last fall, and part of my sabbatical was to try to understand trauma better and the impact of trauma. But then how can with the idea, how do we better develop yoga interventions to support trauma and stroke and brain injury? And my takeaway has become, so trauma right now in the literature is terrible things. It is neglect, abuse, rape, car accidents, and we know trauma changes the brain, and we know trauma changes the body.

 What no one is talking about, and that I want to start talking about with more people is the idea that I suspect a stroke is traumatic. If you are laying on the floor waiting to die or waiting to be saved, or you're waiting in a car or you're waiting on a ski slope drowning in snow because you can't roll over due to a spinal cord injury, surely those things are traumatic. Surely those things have a negative impact on our brain and body, but no one that I can figure out is thinking about it or talking about it. So that's the little shift that I'm doing with the sense of, I'd like to try, if I'm correct in that, to work with therapists who become more trauma-informed rehabilitation therapists, so that they are addressing the trauma within the stroke, the brain injury, the spinal cord injury. So there's a lot of ifs in there, but that's where I see some shift happening.

Avery Martin: For sure.

Arlene Schmid: Yeah. So still yoga, but with a different focus maybe.

Matt Hickey: Arlene, I have to say thanks for being so open with us.

Arlene Schmid: Yeah, thank you.

Matt Hickey: And being willing to share. We're featuring our college and who are we, and who are we becomes, who am I, as part of this crazy tapestry that we call Health and Human Sciences. But I'm moved by your story, even though I knew bits and pieces of it in the past. This is fun having been here for 25 years myself to get to know people better. We're lucky to have you, and I think our students are really lucky to have you. So thanks for being part of-

Arlene Schmid: This was really fun. I really enjoyed it.

Matt Hickey: Glad you did.

Avery Martin: Glad you did.

Arlene Schmid: Yeah. Thanks for asking me to do it.

Matt Hickey: And that's our show. As always, thank you for listening to Health and Human Science Matters.

Avery Martin: Be sure to check out our other episodes. If you want to learn more about our CSU College of Health and Human Sciences, visit our website, chhs.colostate.edu.