

DEFINING MOMENT

/ By Elizabeth Pimentel, PT, MA

A physical therapist recalls a memorable patient and her struggles to make peace with the patient's untimely death.

Healing the Little Brain

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I was 28 when I first walked into his room on the ninth floor of the university medical center — the neuro ward. As a newly graduated physical therapist, I was working at my first job in the field. I was there to evaluate "Matthew" for physical therapy, and I had all the right gear: a white lab coat, running shoes, a stethoscope, a clipboard, and a goniometer to measure joint angles — as well as an enthusiastic desire to help this young man function normally.

Matthew's handwritten hospital chart said, "20-year-old male, status post-cerebellar surgery." I read how he'd been a sophomore in college when he was diagnosed with a tumor in the cerebellum, the back of the brain. Fortunately, it was benign, and he was now in bed recovering from the successful operation to remove the tumor. His curly brown hair, shaved in the back, revealed the sutured incision running down to his neck.

Cerebellum means "little brain" in Latin. Classified as a unique component of the nervous system, it has its own characteristic appearance and internal connections yet communicates with many other parts of the brain. I knew Matthew was likely to have the classic cerebellar signs associated with its damage — poor balance, tremor, and lack of coordination. I made sure my initial evaluation tested for all those problems.

"OK, Matthew," I said to the smiling young man as he sat teetering on the edge of his hospital bed. "I'd like you to touch the tip of my finger." To test my new patient's coordination, I held up my index finger in front



Pimentel, front row, second from left, poses with her neuroanatomy class in the Sophie Davis School of Biomedical Education of The City College of New York, Class of 2014.



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Defining Moment spotlights a particular moment, incident, or case that either led the writer to a career in physical therapy or confirmed why they chose to become a physical therapist or physical therapist assistant.

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of my face and bent close as he took aim. Suddenly, his forefinger jerked past my outstretched hand and directly into my eye. As a result, my contact lens popped out.

“I’m so sorry!” he said over and over, while I, on hands and knees, retrieved the tiny, clear disc from the floor. Getting to my feet, I cleaned off the lens and reinserted it, trying to regain my composure.

“Disaster averted,” he teased, putting me at ease.

Clearly, Matthew was experiencing the expected motor difficulties. Although he was a tall and brawny athlete, his stability and agility were those of an old man. But I felt confident that he’d benefit from the mats, large therapy balls, and mirrors in our physical therapy department.

We worked together every day for the next few weeks. One exercise we did for balance required us to kneel side by side, as Matthew shifted his weight toward and away from me, gently bumping his hip into mine. This was a version of the dance move known as “the bump,” which happened to be all the rage at the time.

“John Travolta has nothing on me!” he quipped, recalling the actor’s lead role in the movie “Saturday Night Fever.” This was a kid who could make me laugh.

In another exercise, he sat on a big vinyl ball, rolling back and forth while I held his hands for support. I worked one-on-one with him, having him lean toward me, my hands guiding him to retrain his balance while I applied pressure to his arms and shoulders to steady his shaking.

Matthew’s recovery progressed quickly. Three weeks after surgery, he was discharged to his parents’ suburban home, where he would continue his treatment at an outpatient clinic. The members of his medical team — the surgeon, nurses, social worker, and I — were overjoyed when Matthew walked unassisted, with his mother and father by his side, into the elevator and back into his world. Watching the doors shut, I imagined his future holding college, sports, and girlfriends.

Soon after, I got a letter from him. His handwriting, although revealing a slight tremor, was completely legible. It read, “I miss you and our sessions. I want

to thank you for being so motivating and helpful to me. I’m walking two miles a day now and hope to go back to school in the fall.”

Relieved that he’d recovered so completely, I put his message on my to-do pile, intending to send a reply. Yet somehow there was always something more pressing. I was employed full time and putting in extra hours on the weekends to cover rent on my one-bedroom apartment and pay back my student loans. Making new friends added to the excitement of being single in a new city. The longer Matthew’s letter languished on my desk, the harder it was to answer.

One day as I entered the neuro ward, the head nurse invited me into her office. She asked me to sit down and, gently touching my shoulder, handed me a letter from Matthew’s mother:

“Matthew was doing so well physically. He was pretty much back to normal in that regard. We were hoping he would return to college. But he started suffering from severe depression — something new

Some days, I’m convinced that I should have done more. Yet I try to reassure myself that I was only one factor in his life. He had caring parents and many people who worked hard to help him mend. I played only a small part in that recovery — the physical aspect.

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for him. Unable to manage it, Matthew took his life by hanging. We want to thank all of you who were so committed to our son.”

I felt as if I’d fallen into an abyss. The shock of it took my breath away, as if I’d been slammed in the stomach.

Then I remembered Matthew’s note, still sitting on my desk. Overcome with remorse, I kept asking myself, “Would it have made a difference if I’d responded?” Could the simple act of mailing a letter have prevented his death?

Forty years later, as the mother of a son who is now the age Matthew was when I knew him, I’m still haunted by Matthew’s suicide.

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I remind myself that, back then, the cerebellum was known mainly for its role in motor control — the equilibrium and dexterity that were so disrupted by the mass in Matthew’s brain as well as the surgery

to remove it. Only years later did neuroscientists discover that the “little brain” also plays a role in depression and impulsivity. That knowledge came too late for Matthew — and for me, as his physical therapist.

His death has impacted me in many ways. Before, I had maintained a professional distance from my patients. Now, I see that objectivity and detachment couldn’t protect me. In spite of my attempts to remain aloof, I had developed a bond with Matthew. Throughout my career, there would be patients, both adults and children, who deeply moved me as I watched them struggle and succeed or struggle and die. The challenge for my own “little brain” is to find a way to love people and still accept the occasional failures that are inevitable when you try to help others. It’s something I grapple with not only in my job but also in my life.

I’ve realized, too, that success and failure aren’t always clear-cut. All of us who treated Matthew were able to successfully cure him of the tumor and the physical symptoms resulting from it. We seemingly did everything right, yet we failed to heal the emotional ravages that the growth had caused.

I will always regret not being able to help Matthew more. But I have had a second chance. I now teach neuroanatomy to medical students. I instruct them in all of the now-known roles of the cerebellum. I see Matthew’s smile as I explain how to test for coordination — carefully, hand away from your face to avoid a finger in the eye. I recall his mother’s letter when I impart what can happen when important cerebellar functions are overlooked.

Because of Matthew, my students know to watch for psychological symptoms in patients with cerebellar disorders. I sincerely hope that they will use this knowledge not only to treat their patients’ physical condition but also to heal their mental distress as well.

I take solace in believing that Matthew lives on through his influence on my teaching, multiplied by each of these future physicians. ■