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# IT HAPPENED TO ME: I'm Using a Cane to Get Around at Age 22

*I've had to learn how to get around one-handed and deal with stares as I make my way around campus.*

MADELEINE FELDER · APR 1, 2016

Needing to use a cane at 22 wasn't part of my plan, but I neither was having [cataract and glaucoma surgery when I was 20](#). And yet, here we are.

My friends jokingly call me the secret old person because eye surgeries and canes are usually reserved for the AARP crowd. I guess I'm just an early bloomer.

My knee pain kind of came out of nowhere. I was basically fine until, one day, I came home from work and could barely walk. My first appointment was with my college's health and wellness center. The woman who saw me told me to see an orthopedist, which meant an appointment with my primary care doc. The health-services woman kindly lent me a cane — due back by graduation — and sent me on my way with an ice pack and bandages.

Let me just say after using a cane for a few weeks, I have so much more empathy and respect for people who need it full-time. It's been a learning experience.

I've never broken a bone before, and it was my first assistive device. I had to learn how to get around one-handed, how to juggle books and bags as I make my way around campus, etc. I also have an internship in New York City, which means dealing with trains, subways and stairs since an elevator isn't always available. And sometimes, the main reason I'm using the cane — comfort — is exchanged for necessity. If you've ever seen me run through Grand Central trying to catch my train, cane in hand, just know I'll pay for that attempted sprint in the morning.

Besides it falling over every fucking time I try to lean it on something, my cane is honestly really helpful, and not just with the mobility issues. My cane shows others that I have an "issue" that I need a little extra help with; that it's the reason why I'm walking slow. Without it, I'm just the asshole sitting in the subway seats intended for disabled, elderly and pregnant passengers.

My cane has definitely changed my way of life on my school's campus as well. I've gotten over the stares by now because I know I look too young to need one, but I haven't gotten over the actual *stairs* (sorry). I didn't realize until I was forced to that my school is really inaccessible for people with physical disabilities. I mean, I can make it up and down stairs with my cane, albeit while struggling, but if you use a wheelchair, there are parts of campus that are just off-limits to you.

Using a cane around my campus means I have to give myself extra time to get to class; it means that sometimes I go weeks without checking my mailbox because it's at the bottom of the hill with two sets of stairs in between. My cane means having to speak up and ask someone to help me grab something because I'm one-handed; it means people asking questions and me not having an answer because I don't know what's wrong.

After seeing health services and my primary care doctor, I ventured into Manhattan to see an orthopedist. After waiting for an hour in an un-air-conditioned office, the doctor finally saw me. His assessment was that it was a common problem: to work out more and stop kneeling and stop using the cane. Awesome.

Obviously, being fat doesn't help anything, but it's not the root cause of my knee problems. I also know I should work out more, but it's kind of hard to run on the treadmill or do the elliptical when your knee hurts every time it bends or use it at all. I was hoping to get some more information from the doctor, like maybe an MRI or something other than "don't kneel" but that was that.

My "secret old person" status isn't going away anytime soon, and knowing my track record, I'll probably need another eye surgery or a hip replacement in the next year.

Oh well, I've accepted it.