

Parkinson's Perspective

Newsletter of the Colorado Parkinson Foundation, Inc. and
the Colorado Springs Parkinson's Support Group

www.co-parkinson.org | (719) 884-0103

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The **Colorado Springs Parkinson's Support Group** (part of CPF) meets 10AM, the first Saturday of each month at the Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915

(with exceptions to be noted
in this newsletter)

February Meeting: Saturday, February 3rd – 10:00 am – 1:30 pm

We will NOT be Zooming OR recording this meeting

Location: Central United Methodist Church, 4373 Galley Rd-just east of Murray Blvd.

9:30am – Come early for a group sing-along with music therapist, Heather Johnson.

See more about Heather's business under '**Other Opportunities**' later in this newsletter.

9:45am – Everyone else come a few minutes early to check in,
greet other members and ask questions.

First time visitors: Be sure to sign in, get a name tag and proceed to the visitors'
table for some special attention and information.

Knowledge is power and enables us all to live well, so plan to attend
the meetings at Central United Methodist Church.

February Topic: Break-out Sessions

Moderators - Parkinsonians: Kathleen Foster

and for the Caregivers: Jill Reid & Julie Pfarrer

The Parkinsonians get together in one room and the caregivers in another to discuss their
questions and concerns about their PD journey.

The meeting will be followed by a potluck

The February Potluck – Chili!

If you would like to sign up to be a provider of the main dish or to bring a side dish/dessert for
the meeting, you can contact Bill Hicks at [REDACTED] or potluck@co-parkinson.org, no
later than Wednesday, January 31st and tell him what you would like to bring.

Remember that bringing food for the potluck is voluntary.

We look forward to seeing you there!

Ask the Doctor!

| Dr. Brian Grabert, MD, a Parkinson's Specialist



Dr. Grabert has generously agreed to answer your questions pertaining to Parkinson's
Disease each month in our newsletter column called "Ask the Doctor!" If you have questions
you'd like to submit to Dr. Grabert, send them in an email to Julie, our newsletter coordinator,
db_mgr@co-parkinson.org.

Q: What do you think about the rotigotine patches? Pros and Cons?

A: Rotigotine [brand name Neupro] is in a class of PD medications called Dopamine agonists [DA's].
The other two DA's are pramipexole [brand name Mirapex] and ropinirole [brand name Requip]. It is
customary to try one of these 2 DA's first before considering Rotigotine. I would assume that the
individual who wants to try Rotigotine has side effects from the the other two DA's [usually peak dose
side effects] or shortened duration of the response. The patch does provide a continuous drug level of
Rotigotine and may smooth out the clinical response with less motor fluctuations. There is only one study
comparing Rotigotine to one of the other DA's: pramipexole. This study was called CLinical Efficacy Of
Pramipexole And Transdermal Rotigotine in Advanced PD. Cleverly known as the CLEOPATRA-PD
study. In this study Rotigotine patch was equivalent to pramipexole. The average dose of pramipexole
was 3.1 mg/day which in my former practice was a common achievable target dosage and inexpensive.
The average dose of rotigotine patch was 12.95 mg/day [with a range of 8 mg to 16 mg]. This is where
the target dose becomes problematic. Rotigotine patch is available in 2mg, 4 mg, 6 mg, and 8 mg size
patches. While an 8 mg may be effective, 12 mgs or more may be needed in some patients as was
documented in the CLEOPATRA-PD study. I looked at the cost of all 3 DAs on 2024 Humana Medicare
Advantage and found that pramipexole and ropinirole had no co-pays whereas Rotigotine patch was \$67
for 30 days regardless of patch size. If one needs 12 mg this would require 2 patches of 6 mg size. To be
eligible to use the patch would require one to have a caregiver to apply the patch on a timely and daily
basis. The patch has to be rotated over 14 suggested application sites as suggested on a body map
available from the Pharmaceutical company. A significant portion of individuals cannot tolerate the patch
due to excessive redness [erythema] and itching at the patch sites. One last caveat: Dopamine agonists
are rarely used as the initial treatment of PD and are usually added to Carbidopa/Levodopa. DA's may
be most beneficial in my experience for treatment of dystonia, usually an OFF dystonia or early morning
dystonia in Idiopathic PD.

The President's Corner

| Jill Reid - Acting President, CPF & CSPSG



With apologies for the continuing technical difficulties we have been encountering with Zoom since our move to Central United Methodist Church, I will devote this article to the information with which I updated this year's Parkinson's 101 presentation for the benefit of the folks in Zoomland who had no slides to follow.

- Among technologies that help people with Parkinson's is light therapy. I don't have information as to cost or proven efficacy but, since it is a non-invasive therapy, you may be interested. For more information, go to https://www.youtube.com/watch?v=rubtUI_FDt4 and watch the video featuring the Australian inventor and a French neurologist.
- People with PD (PWP's) need to be treated by a neurologist, PA, or NP who specializes in Parkinson's
 - ◆ There are several in Colorado, including 4 in Colorado Springs (PA Beth Harmon, Dr. Bradley Priebe, Dr. Apura Komatineni, NP Michelle McClendon). At UC Anschutz, Dr Michael Korsmo
 - ◆ Another local neurologist with good reviews: Dr. Andrea Manhart of UHealth
 - ◆ In reality, the PWP and family are the best "neurologists"

- Additional solutions to choking
 - ◆ Have PWP swallow hard and forcefully--effortful swallowing
 - ◆ If choking on pills, take pills with sparkling water
- Cramping
 - ◆ Hands and feet
 - ◆ Feet turning inwards
 - ◆ Dystonia
 - ◆ Treatments
 - Botox injections
 - Prescription cream compounded by Professional Pharmacy LLC in Colorado Springs (BAC/DIC/GAB/LIDO/PRILO)
- Therapists for vision problems associated with PD
 - ◆ Neuro-ophthalmologists and optometrists such as the ones at UC Health Eye Center Anschutz in Aurora and Dr. Heather Van Law and Bettner Vision in Colorado Springs
 - ◆ Dr. Stander, neurologist in Colorado Springs, treats visual changes in PD as well
- Give Medical Durable Power of Attorney to

someone you trust so they can protect you during hospital stays and DO NOT have a living will or 5 Wishes document, both of which turn end-of-life decisions over to hospital doctors

- Exercise:
 - ◆ 150 minutes per week of increased heart rate.
 - ◆ If you exercise with moderate intensity 3-5 days a week, you can avoid Stages 3 through 5
 - ◆ Why do you need to overcome apathy to exercise like this?
 - ◆ For your sake, well-being, and quality of life
 - ◆ If not for you, then for your family caregivers
 - ◆ If caregiving for you leads to burn-out of your family caregivers, who will be around to help you when you need it?

I hope this helps. The recording of the presentation is so poor that we will not put it up on our website. Just watch the January 2023 recording and add the above to what you hear there.

For this month's comedy, I'm recommending *Houseboat*, starring Cary Grant and Sophia Loren. The great comedic pairing of Cary Grant and Sophia Loren makes this comedy a delight. Enjoy!

Program Review: January 6th

| Parkinson's 101

Presented by Jill Reid, Educational Outreach

Jill Reid introduced herself as Acting Chairman of the Board of Directors of the Colorado Parkinson Foundation, Acting President of the Colorado Springs Parkinson's Support Group, Program Director for the support group and Education Outreach Coordinator. She helped take care of her mother, who was diagnosed with Parkinson's disease (PD) in 1993 and who went through all 5 stages of PD before her death. She also correctly diagnosed her mother-in-law with PD before any doctor did, and she helped with her caregiving as well. She has been an officer in the support group since 1995.

The goals of the presentation are to train the listeners on the do's and don'ts of caregiving for people with Parkinson's disease (PWP's), retrain listeners annually to update their knowledge as the disorder progresses, give information that the listeners can share with others, and give specific things that the listeners can do that will improve the quality of life of PWP's. At the end of the presentation, listeners will know more about Parkinson's disease than most doctors.

There are "new" things in PD: 1) a true diagnostic tool for PD that is available in Colorado Springs; called the DAT scan, it is usually used only when a neurologist has some doubts about whether a patient has PD. The classic ways of diagnosing are still used today most of the time. One of those ways is to try PD medication; if the patient's symptoms improve, he has PD; if they don't, he may still have PD but the medication doesn't work well for him. 2) Duopa. This is a new PD medication delivery system similar to an insulin pump. It does require surgery to insert a tube into the intestines and some hospital time to get the dosages right. There are three huge advantages to Duopa: the medication bypasses the stomach and goes directly into the intestines, so protein competition is no longer a problem (more on protein later) AND the medication is loaded only once a day AND there are no medication "on's" and "off's" because the PWP is getting a steady stream of PD meds (more on on's and off's later), which means the medication works all the time. However, we mention Duopa with major reservations because it has been fraught with infections. 3) Sleep Deep Brain Stimulus surgery. Until recent years, DBS surgery was done while the PWP was awake, a grueling 18-hour ordeal in some cases. Now, the surgery can be done in as little as 1 ½ hours while the PWP is asleep. The new version is much more accurate as well, so the results are much better. DBS only helps the symptoms that the medication helps—it essentially replaces the need for the medications. It has helped with freezing, to some extent. Some people have experienced reduced vocalization after the surgery, but this reduction can be overcome by the wonderful voice therapies available for PD. 4) Light therapy. I don't have information as to cost or proven efficacy but, since it is a non-invasive therapy, you may be interested. For more information, go to https://www.youtube.com/watch?v=rubtUI_FDt4 and watch the video that features the Australian inventor and a French neurologist. 5) Free "Aware in Care" hospital kits. These are available, one to a family, through the National Parkinson Foundation (1-800-4PD-INFO or www.parkinson.org). The kit contains helpful information for hospital doctors, including the need for a PWP to get his medications on time, and an alert bracelet.

There are also helpful technologies available. Voice recognition software helps PWP's whose tremors make it difficult, if not impossible, to use a computer keyboard. Tremor-compensating eating utensils help the PWP use a fork or spoon without throwing food around the dining room. Modern cell phones have movement-compensating camera software enabling PWP's to take beautiful, blur-free photos. Lane Assist cars keep PWP drivers from straying out of their lane and from running up on the rear bumper of the car in front; you don't have to buy a high-end car to get this feature. Lane Assist cars give the PWP and the spouse their freedom back! Theracycles provide forced exercise, which improves motor functions. Check out the report published by the Cleveland Clinic and entitled Forced, Not Voluntary, Exercise Improves Motor Function in Parkinson's Disease Patients, dated July 2009.

Many of the above items are relatively expensive, but there are some great inexpensive tools out there as well. These are plate rings, Hot Straws, and nose cups. Plate rings fit around dinner plates and enable the PWP to push his food onto his fork or spoon. Hot Straws fit into the openings of Starbucks-type coffee cup lids, enabling the PWP to have a full drink without sloshing out the contents; they are made of thick silicone so they can be used with hot fluids as well as cold. The advantage to using a straw is it is a much safer way for a PWP to take liquids. The same can be said of nose cups that we associate with toddlers; a PWP can drink fluids safely from these cups, minimizing the chance of the liquid's going into his lungs and causing aspiration pneumonia.

PD is a progressive neurological disorder caused by the loss of dopamine-producing cells in the substantia nigra deep within the brain. Dopamine allows the smooth, coordinated function of muscles and movement, and its loss adversely impacts movement and other roles of muscles in the body (e.g., intestines, bladder). By the time the first PD symptoms appear, 80% of a PWP's dopamine-producing cells have already died.

Dr. Brian Grabert (one of the best PD neurologists in Colorado) likens treating PD to treating diabetes (including self-medicating). Diabetics don't inject insulin on a schedule; they inject insulin when they need it. The same applies to PWP's; they need to give themselves permission to take their PD meds when they need them, not necessarily when a doctor says they should. Pill management is **KEY** to managing PD well and maximizing a patient's quality of life and longevity. More on medication management later.

The primary PD medication is carbidopa-levodopa (carblevo for short or Sine-met until it went generic a few years ago). PWP's need to be treated by a neurologist, PA, or Nurse Practitioner who specializes in Parkinson's. Those who don't specialize in PD don't have enough in-depth knowledge and experience, especially in medication management, to provide good treatment. Good medication management involves intervals between doses as opposed to scheduled pill times. More on intervals later. Providers who specialize in Parkinson's in Colorado Springs include PA Beth Harmon, NP Melinda McClendon (both of whom also do DBS programming), Dr. Bradley Priebe, Dr. Apura Komatineni. Another local neurologist getting good reviews is Dr Andrea Manhart at UC Anschutz, Dr Michael Korsmo. In reality, PWP's and their family caregivers are their best neurologists.

[In the past, we at this point have shown a video presentation by Dr. Melissa J. Nirenberg, MD, PhD, Associate Professor of Neurology and Neuroscience at Weill Cornell Medical College and Associate Director of the Parkinson's Disease and Movement Disorders Institute at Weill Cornell Medical College presentation to a Partners in Care conference. You can still view this video by clicking on 'Resources' at the top of the main page of our website, select 'Meeting Videos' from the drop-down menu. Under 3-part January 2023 presentation, click the play button on the bottom left corner of Dr. Nirenberg's video.] A synopsis of this video follows:

PD's most common symptoms are stiffness, lack of facial expression, dystonia, resting tremor, slowness, difficulty with small movements, flexing of the posture (exercise helps), and shuffling. The symptoms are asymmetric and are often mistaken for strokes when the time course is not known: stroke symptoms come on immediately while PD symptoms come on very slowly. There is a tendency for the medical field to fixate on the movement problems of PD, but in fact the non-motor symptoms may be more troublesome. These include sensory (pain and tingling), sleep disorders (REM sleep disorder which can start 20 years before any other symptom shows up, sleepiness, inability to sleep, sleep apnea), cognition (difficulty multi-tasking—PWP's should never try to do two things at once, including conversing and eating simultaneously—and dementia), autonomic symptoms (constipation is almost universal and can start years before other symptoms), hypotension, bladder problems, sexual dysfunction, mood (severe anxiety, panic attacks when meds wear off, apathy, depression; there are meds for all these except apathy), and fatigue. What you see is not all that is going on. The non-motor symptoms are treatable, some without medications (e.g., physical therapy).

Later on in the disorder, not early on, PWP's will look great when they go see their doctors but they aren't great. That's because PD fluctuates with "on's" and "off's." When the medications are working, PWP's look great, even to the extent of not looking like they have PD at all. But when the medications are not working well, they can be severely, severely disabled. So when they are getting ready to go to the doctors, they tend to make sure they've optimized their meds so that they can get out the door. PWP's need to be forthright with their doctors and tell them all the symptoms they experience when their meds are not working well; otherwise, the doctors have no way of knowing because the doctors are only seeing them at their best. The medication (carbidopa-levodopa) works differently from person to person and within a person from year to year so no doctor will know what a PWP needs unless the PWP tells him how the carblevo is working. For a week or two before all periodic appointments with a PD specialist, every PWP should keep a diary of when he takes his meds and how long they last until they start wearing off and take the diary to the appointment so the doctor will know how much carblevo to prescribe.

A myth of PD is that patients should wait until the last dose wears off before taking the next dose because "less is more." There is a fear of the medication. But in fact, if they wait until it wears off, it may not work very well for the rest of the day. They need to take the pill to anticipate the wearing off. The meds don't work very well if they miss a dose or take a dose late; if they crash completely, they will have difficulty getting back "on." Good timers are available on Amazon; they go off every, say, hour and a half all day long. Adherence without a timer is very difficult when a patient has to take his medications every hour.

Abnormal movements are not always from PD but from the medications. When patients have been on the medications for some time, particularly young onset patients, they get these abnormal, flowing movements as a side effect of the medication. These extra movements are called dyskinesia. If they have dyskinesia, they may need less levodopa or a longer interval between doses OR they don't have a happy medium and need to have the dyskinesia in order to be "on." Dyskinesia is usually not disabling unless it adversely affects balance. Many patients aren't aware that they are dyskinetic. These are not tremors and should not be mistaken for the rhythmic shaking that is a classic symptom of PD.

Another major problem is that everyone ascribes every problem that a PWP has to Parkinson's. You always have to apply common sense and consider what else may be the cause of the problem. One example is sudden severe back pain and leg weakness; PD is slow moving and does not cause weakness. The sudden appearance of a problem means that something else is wrong, even if the only symptoms appearing are the sudden worsening of the patient's PD symptoms. PD is NEVER fast. If it's fast, something else is going on. One of the most common culprits is urinary tract infections.

Another myth of PD is that carblevo stops working after five years. There is no truth to this whatsoever. The stuff is good stuff. As PD progresses and symptoms worsen and new ones that don't respond to carblevo appear, it may look like the carblevo has stopped working, but it has not stopped and will not stop working. It has no expiration date, and it improves the quality of life.

Another myth of PD is that it is predictable. The truth is that it is a different disease in each patient, and every patient progresses differently. PD progression is highly variable. But there are many things that you can do to change that course; and that's where physical therapists and occupational therapists can make a tremendous difference.

Walker myths. Most walkers, including rollators with standard brakes and the light-weight aluminum walkers you see in hospitals, are no good for PWP's. Only rollator walkers that have reverse braking systems are safe for PWP's. These walkers require the user to squeeze the brake handles in order for the walker to move; releasing the brake handles applies the brakes. When a PWP is about to fall, it is unlikely he will think to squeeze the brake handles on standard braking systems; however, if he is falling and without thinking lets go of the reverse brake handles, the walker stops. There are two companies that make the reverse-brake walkers specifically for Parkinson's. U-Step is one of the companies, and their walkers can also be weighted properly to prevent backwards and sideways falls. [end of Dr. Nirenberg's presentation]

There are 5 classic stages of PD. Listeners may need to be able to distinguish Stage 1 from the other stages and may also be able to spot someone who has PD and doesn't know it. Pill management becomes critical starting in Stage 2.

The later stages of PD can be avoided!!

Stage 1: Most newly diagnosed PWP's are in Stage 1 and may or not be prescribed carblevo. Adhering to a hard and fast carblevo schedule is not as important as it is later because PWP's in Stage 1 don't experience the swings between "on" and "off." Still, it's best to keep as close as possible to a medication schedule that works for them because it makes the Activities of Daily Living (e.g., dressing, brushing teeth) easier.

Stage 1 symptoms appear on only one side of the body. Some or possibly all of the following could appear: greatly reduced eye blinks (8-12 per minute), tired arm or leg muscle, one arm that doesn't swing, stiffness, difficulty getting out of a chair, slight stooping, tremors, reduced fine motor skills (e.g., handwriting gets smaller), slightly dragging foot. They can still turn and pivot well, have a normal stride, and rarely, if ever, fall. Why is getting out of a chair a problem? That's because PWP's place their feet well out in front when they are seated and they don't move them back when they try to stand up. More on how to counter this problem later.

Stage 2: The symptoms that were seen in Stage 1 will now be on both sides of the body, and they will be worse than before on the original side. In addition, there could be some additional symptoms, such as shorter gait, balance problems with occasional falls, choking, difficulty pivoting, reduced motor skills, cognitive issues. Good medication management is **critical** now. The goal of good medication management is to have one big "on" period that lasts all day, with no "off" periods. To achieve this goal, PWP's should take the next dose of carblevo before the previous one wears off. Time between pills is more important than scheduled times. For example, if a PWP normally takes his first dose at 7 a.m. and his second one at 10 a.m. but he sleeps in one day and takes his first dose at 8 a.m., he should take his next dose at 11 a.m., not at 10 a.m. (Hint: Run quickly from any PD "specialist" who insists that carblevo has to be taken at specific times and find a PD specialist who understands intervals and good medication management!) If PD symptoms appear regularly between doses, the schedule needs to be adjusted; keep a log as recommended in Dr. Nirenberg's presentation. PWP's can adjust the schedule themselves and inform the PD specialist later for a new prescription but in any case, take the log to the next appointment with the PD specialist.

Stage 3. This stage can be avoided! The symptoms from Stage 2 will be worse and there will likely be new ones, such as shuffling, festination, more slowness and stiffness, less stability with more frequent falls, difficulty pivoting without help or coaching, and freezing. The PWP may need a walker in this stage.

Festination is the tendency for a PWP to start taking short, fast steps on their toes. Left unstopped, festination can end in a fall. Caregivers can nip a festination episode in the bud by physically stopping the forward motion and getting the PWP to get off their toes and onto their heels. Then coach the PWP to "walk on your heels."

Freezing occurs when the feet won't start from a standstill or they stop moving without warning. In both cases, the brain is telling the feet to walk but the message is not getting through. When the feet stop moving without warning, the brain thinks the feet are walking and the rest of the body keeps moving forward, which of course ends in a fall. This often happens in narrow areas like doorways. There is no medication for freezing because it is actually a psychological phenomenon, not a physical one. It can be overcome by changing the PWP's mindset, for example getting the PWP to pick up his knees instead of his feet, to step up like he's climbing stairs, to step over an imaginary log, to follow a flashlight beam on the floor. Marching music helps as well, as do strips of colored tape across narrow areas; the strips of tape and

Thank You!

Thanks to ALL who brought food and to those that helped set up & cleanup at the last two meetings!

March Newsletter
Input Deadline: February 9th

Call or e-mail Julie at:
[REDACTED]
db_mgr@co-parkinson.org

CSPSG Executive Committee Meeting

February 6th at 10 am at a place to be determined

Contact Jill at president@co-parkinson.org if you haven't been to an Executive Meeting so we will know that you're coming and to get the address. Leave your email address so Jill can contact you if anything changes.



Tom Andrew
Carol Arthur
Jan Atha
Patricia Beatty
Jan Cole

Kathleen Foster
Ron Geist
Laura Hallas
Deborah Herrman
Ann Jaeger

Amy Kennedy
Lou Kilzer
Linda Koloski
Liz Kovacs
Ann Grant Martin

Cindy Page
Betty Pope
Ann Ringler
Ave Sala
Timothy Stuehmyer

Norman Tuinstra
Elisabeth Weston

Your birthday isn't listed? Fill out the membership form and check BD listed "YES".

Recipe of the Month: **AVOCADO DEVEILED EGGS**

Our low carb/good fat ketogenic study that was completed in 2021 showed incredible results. Not only was there remarkable improvement in

the symptoms of Parkinson's but also with overall health in general (including the health of caregivers who chose to change their diet along with their Parkinsonian). Since it seems clear that everyone's health would improve exponentially if we all changed our diet to eat this way and since we have potlucks, we thought we would feature an easy low carb/good fat recipe or two in the newsletter each month to promote healthy eating. **If you have a favorite low carb/good fat recipe you'd like to share, please send it to Julie at: db_mgr@co-parkinson.org.**

Directions:

- Hard boil the eggs & cut them in half lengthwise.
- Put the yolks in a food processor & add the mayo, lemon juice, mustard, salt, pepper & avocado. Process until well blended &

smooth, then transfer to re-sealable plastic bag. Preheat oven to 300 degrees and line baking sheet with parchment paper.

- Snip off a bottom corner from the bag.
- Pipe the yolk mixture into egg whites. Chill & serve

Ingredients:

- 1 Tbl yellow mustard
- 12 large eggs
- 1/2 C mayonnaise
- 2 Tbl lemon juice (or less)
- 1/2 tsp kosher salt
- 1/4 t ground black pepper
- 1 avocado, diced

Parkinson's Disease Related Providers:

If you are seeing a provider not listed here that has given you excellent care with any Parkinson's issue, let Julie know at db_mgr@co-parkinson.org so that they can be added to this list.

The following providers have been recommended by multiple members:

Colorado Springs

Dr. Bradley Priebe, MD – Neurologist at Peak Neurology, PC; (719) 445-9902

Steven Swank, PharmD, BCACP – Peak Neurology, Clinical Pharmacist Specialist; (719) 445-9902

Dr. Aparna Komatineni, MD – Neurologist at Centura Penrose Hospital and UCHealth; (719) 694-3595

Dr. Andrea Manhart, DO – Neurologist at UCHealth; (719) 365-7300

Dr. Lael Stander, MD – Neurologist at UCHealth; (719) 365-7300 Note: Does well w/ PD vision issues

Elizabeth Harmon, PA – UCHealth; (719) 365-7300

Melinda McClenden, NP – UCHealth; (719) 365-7300

Dr. Gregory Ales, DO – Neurologist at CS Neurological Associates; (719) 473-3272

Dr. Kevin Scott, MD – Neurologist at UCHealth; (719) 365-7300

Dr. Monica Stanton, MD – Primary Care Physician at UCHealth in Monument; (719) 364-9930

Denver

Dr. Michael Korsmo, MD – Neurologist at UCHealth, Anschutz Medical Campus; (720) 848-2080

Dr. David VanSickle, MD – Neurosurgeon at Neurosurgery One; (720) 638-7500 - Note: DBS expert

Erin Van Dok, OD – Neurological Optometrist at UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020

Dr. Victoria Pelak, MD – Neuro-ophthalmology, UCHealth Sue Anschutz-Rodgers Eye Center; (720) 848-2020

Dr. Trevor Hawkins Neurologist at UCHealth Neurosciences Center, Anschutz Medical Campus; (720) 848-2080

Dr. Brooke Heffernan, MD – Movement Disorders Fellow at UCHealth, Anschutz Medical Campus, (720)848-2080

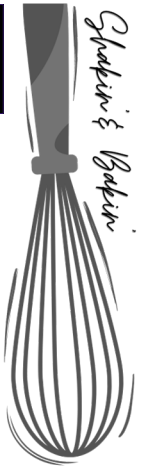
Potluck Favorites—Shakin' & Bakin' Cookbook is Now Available!

The updated cookbooks are here!

The price is a donation or free if you can't afford to donate. You can order them from Julie Pfarrer at db_mgr@co-parkinson.org. The cookbooks are bound so that new recipes can be added in the future. So continue to send in your favorite recipes – old or new family recipes, newly discovered favorite recipes, etc. We only want recipes that you have actually tried and liked – not ones that you think should be good but haven't tried or tasted.

All favorite recipes are welcome.

Send them to project@co-parkinson.org.



21st ANNUAL CAREGIVER PAMPERING DAY!!

The 21st Annual Caregiver Pampering Day will be held on Saturday, April 6th at the Westside Community Center located at 1628 West Bijou Street in Colorado Springs.

The event is open to people caring for a family member or non-relative who is 60 years of age or older. Caregivers who attend will be able to choose 3 different pampering activities from 7 different options. Respite care in the home will be available for caregivers who need someone to be with their care receiver while they attend the event.

Registration opens on March 1st and will close on March 25th. The event this year is limited to the first 80 caregivers who register. Registration will be available online at www.ppacg.org/pamperingday, via email at kmathews@ppacg.org or by phone at 719-886-7526.

Please contact Kent Mathews at 719-471-2096 for questions or more information.

Other Local Support Groups:

Parkinson's Caregivers Support Group

All family caregivers of persons with Parkinson's are invited to come and participate in our discussion meetings. We meet the 3rd Thursday of each month from 10:00 to 12:00 at the Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915. Contact Brenda Hicks at [redacted] or [redacted] to let her know you are coming.

Ladies w/ Parkinson's Support Group

If you are a fun-idea person, please consider volunteering to lead this valuable group. If you're interested please notify Julie Pfarrer at db_mgr@co-parkinson.org or [redacted].

Essential Tremor Support Group

Meeting Location: ENT Conference Room - Pikes Peak Library District.; Colo Spgs Library 21c, 1175 Chapel Hills Drive. For meeting dates/times or for questions, contact Jim Sanchez at [redacted] or [redacted].

Tri-Lakes Parkinson's Support Group

Meets the 3rd Saturday of every month at 10 am at the Monument Community Presbyterian Church, 238 3rd Street, Monument. For more info contact Syble Krafft at [redacted] or Barry Hanenburg [redacted].

Other Opportunities:

Adult Speech Therapy at Home: Outpatient speech therapy services conducted in the comfort of the patient's home. Personalized speech therapy for restoration of function due to illness or injury.

Treating: *Parkinson's: Voice & Swallowing* Swallowing
 - SPEAK OUT! - Neuromuscular Electrical
 - LSVT Stimulation Therapy
Cognitive-Linguistic Deficits - Respiratory Muscle Strength
Aphasia following stroke Training

For more information, contact Jana Hothan, MA, CCC-SLP at slp@janahothan.com or by phone at (719) 338-8165.

Parkinson's Sing-a-Long Group: Square Music Co offers individual music therapy services with Heather Johnson, MT-BC! Individual sessions can be held in person in the Colorado Springs area or via telehealth. Heather has over 5 years of experience working with neuro populations and hosts a Parkinson's singing group before each support group meeting at 9:30 am as well! Music therapy with Parkinson's works towards vocal strength, control, and longevity, increasing fine and gross motor skills, gait training, and other types of therapeutic goals through individualized music experiences. To learn more or schedule a free consultation, call/text Heather at 719-345-2887 or email heatherjohnson@squaremusic.co.

PD Exercise Classes:

Caregivers/Care-partners Exercise Class

This exercise class involves strength training and cardio circuits modifiable for any person!
When: Every Friday at 9:30am for 45 mins
Where: Movement Arts Community Studio 525 E. Fountain Blvd (GPS: 150 S. Royer St)
Price: \$20 Drop-in/\$10 a week (\$40 total monthly pay!). First class is FREE!
 Limited space available so please contact Ashley Szekeres, NASM CPT at guardianfitllc@gmail.com or by calling (708) 846-0155 before coming.

Rock Steady Boxing – Boxing with Love

New Rock Steady Boxing for folks with Parkinson's Disease at the Boxing with Love Gym Tues @ noon (please come 15 min early if your first time) 1710 Briargate Blvd. Ste 100 (Next to Dicks Sporting Goods). For more info contact Karen Bishop PT, DPT at love@rsbaffiliate.com

Dance for Parkinson's

Moving with joy, creativity, and community to support people living with Parkinson's. All are welcome and care partners are encouraged to move with us! Classes meet in person every Friday at 11:00am at Ormao Dance Company, 10 S. Spruce Street. \$5/class. Free for care partners. You can also join us for this class online. Visit our website www.ormaodance.org and click on "Dance for Parkinson's" under the "Outreach" tab to get the Zoom link. Contact Laura at laura.hymers@gmail.com or 719-640-8478

NIA Class

Moving to Heal – the art of feeling better; slower movements with joy and purpose. NIA works with balance, breath, cognitive mind/body function, mobility and stability. You can go at your own pace. Stop if you want, sit down and dance while sitting in a chair for a while. All while dancing to music from all genres; Jane, the instructor, often asks what we need that day and works her routine around what can help. She has done a wonderful job making the routines fit our Parkinson's needs. Cost: \$10 a class
When: Every Friday at 10:30 am
Where: 525 E Fountain Blvd. MACS—corner of Fountain & Royer

YMCA PD Exercise Classes

We utilize exercise as medicine to increase quality of life so that you can get better and stay better.
 Tri-Lakes YMCA: PWR!Moves; Tues & Thurs, 1:00-2:00 PM
 Briargate YMCA: PWR!Moves; Mon, Wed, Fri, 1:30-2:30 PM
 YMCA at 1st & Main; PWR!Moves; Mon & Wed, 1:15-2:15 PM
 For more info contact Travis Lerma at tlerma@ppymca.org

Tired of Parkinson's beating you up?

THEN FIGHT BACK WITH P.A.R.K.!
Parkinson's Active Resistance Karate
 If you want to slow the advance of PD you need to stay active. Exercise is the only proven way to slow or halt progression of this disease, and that means cardio, strength, neuroplasticity, and flexibility training. PARK helps with all four, by unleashing these ancient fighting arts to battle PD:
Karate, Kempo, Taekwon Do, King Fu (Balance, Range of Motion, Cardio); Arnis/ Kali (Filipino Stick Fighting) (Hand-Eye Coordination, Range of Motion); Judo, JiuJitsu, and Aikido (grappling defenses) (Flexibility, Strength, Balance).
 Tues @ 7pm, Woodmen Hills East Rec Center, 9205 Meridian Ranch Blvd
 Sat @ 8am, Palmer Park in the grass west of baseball fields
 To sign up, call (719) 357-5739 or email parksenseichris@gmail.com (cost free/space limited)

One-on-One Physical Therapy

For people with Parkinson's Disease and all movement disorders. Provided by Danielle (Spivey) Mulligan, PT, MSPT who is a Physical Therapist, Certified Vestibular Therapist, LSVT and PWR for Parkinson's.
Where: 5818 N. Nevada Avenue, Suite 325 Phone Number: 719-365-6871

Max Capacity NeuroFitness

Free Boxing, PWR Bootcamp and Cardio Circuit for people with Parkinson's. Cognitive Cardio class available for \$10/class!
 Physical therapist Emily Moncheski at Max Capacity, PLLC, offers individual Parkinson's physical therapy, most insurance accepted Conveniently downtown
 525 E. Fountain Blvd. Suite 150
 Contact Emily at emily@maxcapacitypt.com or call: 719-213-3996, fax: 719-284-4624

Falcon Exercise Group

Mon & Fri: 11:00 – noon, Grace Community Church. For more info contact Catherine Reed at [redacted]

UCCS Center for Active Living at the Lane Center

Power Moves group exercise and Balance & Agility classes. For more information call (719) 255-8004 or email CAL@uccs.edu

Colorado Springs Rocksteady Boxing

"Let's kick some PD BUTT!" Tues, Wed, & Thurs: 10am–11:15am & 11:45am–1:00pm Location: Otis Park. 731 Iowa Ave. For more info, call Bill O'Donnell at 719-243-9422

Help spread some sunshine to our members!



If you know of a Parkinsonian or PD caregiver that is having a tough time (illness, surgery) or one of our members has passed away, please let our Sunshine Chairman, Sharon Carlson know. She can be reached at [redacted].

... continued from page 3 the flashlight beam give the PWP something to aim for. There are also exercises that can help (more on that later). Freezing can also result from fear, which is why going up stairs is easy for PWPs but going down stairs is very difficult. **Never** pull or push a PWP who is freezing—support him and coach him to change his mindset to get him moving. Also, if he is using a walker, make sure he keeps the walker close to his body and not pushed out in front of him.

Stage 4. This stage can be avoided! Stage 3 symptoms will be worse. The PWP will likely not be able to walk with a walker. Pivoting will be extremely difficult if not impossible. He will freeze a lot and probably won't be able to get out of chairs without help. There will be lots of falls and lots of choking.

Stage 5. This stage can be avoided! PWPs in Stage 5 will be wheel-chair bound and/or bed-ridden. They cannot swallow safely so they will have to take all food, fluids, and medications through feeding tubes.

Medication management. Good medication management gets more critical as PD progresses because the brain produces less and less dopamine. It is most critical in Stage 5, even though use of the limbs is practically non-existent. **Other muscles are critical to survival:** diaphragms and chest walls for breathing and coughing, throat muscles for swallowing saliva safely, intestines, and bladders. Most PWPs die from aspirations pneumonia and bowel blockages resulting from poor pill management. Medication schedule will most likely be dependent on observations by others for a PWP in Stage 5 because he won't be able to speak for himself.

Self-medicating. No one knows why, but the normal carbevo dose isn't always sufficient. It's OK for PWPs to take extra carbevo (say ½ or 1 pill) if needed. Like diabetics with insulin, they can take what they need when they need it.

Protein vs carbevo. Protein and carbevo compete for absorption and uptake into the brain, and protein wins out every time. The solution to this problem is to avoid eating protein within one hour of taking carbevo OR to take extra carbevo if the hour interval can't be met. Another solution is to avoid all proteins until dinner time since the need to be "on" and mobile is less critical at night. Generally, PWPs don't need carbevo during sleep because PD symptoms go away. Beware! Protein is in a lot of foods and drinks!

On the other hand, protein can be a useful tool for those times when a PWP has too much levodopa in his system. Excessive levodopa causes excessive, unwanted movements or talking; these are known as dyskinesia (if you've seen Michael J. Fox doing interviews in recent years, you will have seen dyskinesia). A few bites of cheese or some meat, milk, or ice cream will "kill off" excess levodopa and get the dyskinesia under control. If a PWP experiences dyskinesia regularly, he probably needs to cut back on his carbevo dose or extend the time between pills. Unfortunately, some people need to be dyskinetic in order to be "on."

Carbevo and nausea. Nausea is a fairly common side effect of levodopa. The levodopa portion of carbevo is the dopamine replacement while the carbidopa portion is an anti-nausea drug. The amount of carbidopa in carbevo is not enough for some people. Carbidopa can be prescribed separately. If separate carbidopa is not available, eating saltines or other non-protein foods before taking carbevo helps.

Constipation. Per Dr. Nirenberg, constipation is almost universal in PD. This is not a trivial matter; bowel blockages are the second leading cause of death in PWPs. High-fiber food, good hydration, Miralax (it works well and has no addictive side effects), vigorous aerobic exercise, and Metamucil wafers all help. Our own Greg Ritscher's book, Rising Above Parkinson's, has a recipe for a fruit paste that works well for him; see page 183.

PD and choking. Choking effects all PWPs sooner or later. The throat muscles react too slowly to direct food or liquid into the esophagus; they end up going down the windpipe and into the lungs instead. This can lead to aspiration pneumonia, the leading cause of death for PWPs. There are several solutions. Tucking the chin against the neck when swallowing directs the food or liquids to the right place. Add thickening to fluids, especially water, the thinnest and therefore the most dangerous of all fluids. Suck on ice cubes to get hydrated; the cold ice triggers the throat muscles to work quickly. Have PWP swallow hard and forcefully—effortful swallowing. If the PWP chokes on pills, have him take the pills with sparkling water. If that doesn't work, grind up pills and put in apple sauce, apple butter, honey, or jam. Be sure NOT to grind an Extended Release or Continuous Release carbevo.

Cramping. Cramping can happen in the hands and feet. Sometimes the feet turn inwards. These are dystonias that can be treated with Botox injections or prescription cream compounded by the Professional Pharmacy LLC in Colorado Springs (here's the formula: BAC/DIC/GAB/LIDO/PRILO).

Effects of PD on vision. PD can effect vision in a number of ways, including dry eyes, double vision, fatigue, and difficulty reading. Neuro-ophthalmologists and optometrists such as the ones at the UCHealth Eye Center Anschutz in Aurora and Dr. Heather Van Law and Bettner Vision in Colorado Springs can treat the effects of PD on vision. Dr. Stander, a neurologist in Colorado Springs, treats PD vision problems. Proper diagnosis of the precise vision problems can lead to the restoration of normal vision. Locally,

[Helpful Hints](#)

Hospitals. Hospitals are very dangerous places for PWPs. Our website current-

ly lists two safe hospitals in Colorado Springs. Even if a PWP goes to one of those, he MUST have a strong advocate to fight for him while in the hospital's care. Every PWP should name a person or persons you trust your Medical Durable Power of Attorney so that they can protect you if you can't speak for yourself. An MDPOA comes into effect when you can no longer communicate for yourself and has all the same medical rights on your behalf that you have for yourself. Going to a hospital without an MDPOA in place is putting your very life at risk. DO NOT have a Living Will or 5 Wishes documents; both take end-of-life decisions out of your loved one's hands (including your MDPOA) and give them to two doctors in the hospital. Also be aware that if you're released from a hospital but come back for a second visit for the same (unresolved) issue, the hospital will get penalized and will try to avoid penalties by getting you to sign a form consenting to observation only; DON'T SIGN IT or you'll get billed for the second visit. They may even leave you in the waiting room, even if you're in severe pain, to avoid the penalties of a second visit.

Attitude and activities. Humor is huge for PWPs. Laughter releases dopamine as well as endorphins and boosts mood. Watch funny shows and movies instead of serious ones. PWPs in all stages benefit from activities such as exercise, socialization, and participation in life-long interests. One of our members took up oil painting and found that his tremors completely disappeared while he painted; as an extra plus, his works were beautiful and art-gallery worthy.

PD and exercise. Exercise that involves vigorous movement is VITAL and is the only thing proven in double-blind studies to slow and even reverse the progression of the disease. A former member, Barbara, was a professional ballerina before she was diagnosed with PD. By the time she joined our group, she was in Stage 3 of PD and used a hot pink walker. Many years after she had stopped dancing because of PD, she saw herself in a plate glass window and was shocked at how stiff she looked; so she took up dancing again and went from Stage 3 to Stage 1! She even donated us her walker that she no longer needed! Here are some other movement exercises that can slow the progression of PD: walking, hiking, stationary biking, water aerobics, NeuroPong (coming soon to Colorado Springs), moving to music (dancing), rowing, movement exercises in a chair (for safety), boxing, Power Moves. Be sure to get your heart rate up for 30 minutes 3-5 times a week. Resistance exercises (e.g., weight lifting) improves fine motor skills. Wii Sports is exercise that's fun; it even includes balance exercises and games. The old adage, "Use it or lose it," applies to balance. Stretching and tai chi are also helpful.

Walkers. In addition to the U-Step that Dr. Nirenberg advocates, another interesting walker to think about is an up walker. The advantage it offers is that the user is completely upright and not bent over as he would be on all other walkers. Bending over and leaning forward on lower walkers often results in festination (walking on toes while taking small, quick steps), which needs to be avoided at all costs. Here are pictures of both the U-Step walker specially designed for PWPs and an upright walker.



U-Step Walker



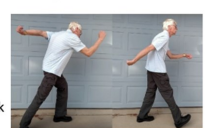
Upright Walker

Exercises that reduce freezing. Bicycling of any sort reduces freezing. Floor-mounted pedals that have no resistance even work because it's the cycling motion that reduces the freezing. If freezing is an issue, you should do this exercise daily. Below are two other exercises that help reduce freezing:

- Stand on right leg
- Lift left foot and raise right arm
- Lower both
- Do 5-10 times
- Repeat with other leg
- Alternate legs 5-10 times



- Stand on left leg
- Put right leg back
- Swing right leg forward
- Touch ground
- Swing right leg back
- Repeat with other leg
- Alternate legs 5-10 times



Touch therapy. Anecdotal evidence about touch therapy (for example, deep tissue massage) has shown that it doesn't raise dopamine levels but can relieve some PD symptoms; improves blood circulation, flexibility, and range of motion; reduces tremors and eases cramping of fingers and toes; and helps PWPs walk better, farther, and more often.

Additional therapies to consider. Treating PD takes a team, so consider adding alternate therapies to your arsenal in addition to medication, PT, OT, LSVT Big and Loud, and exercise. Here are some complementary therapies: massage, vitamins, acupuncture, chiropractic, and the Alexander Technique.

Socialization. Encourage PWPs to socialize. PWPs tend to isolate themselves to avoid the discomforts and embarrassment of being in public with their symptoms showing. PWPs can avoid this discomfort by optimizing their medications and being well-exercised. Studies have shown that a shrinking social network has the same negative impact on health and longevity as taking up a two-pack a day

smoking habit. Involve PWP's in as many activities as possible. Cooking meals with the help of Blue Apron or Hello Fresh stimulates the mind and uses fine motor skills. Card games and other board games also exercise the mind and dexterity. Parties and other get-togethers can be non-threatening with a little creativity, like not serving thin liquids and difficult foods and offering finger foods. Sing-alongs with friends provide wonderful vocal exercise; PWP's tend to speak softly and singing is actually excellent therapy to overcome soft voices that no one can hear. The Colorado Springs Senior Center offers excellent programs and activities. Time activities and exercise according to when the PWP is at his best, usually in the afternoons.

Safety. In-home safety is key. Remove trip hazards like throw rugs. Widen narrow openings between pieces of furniture, if possible. Some companies have received grants to add safety features like grab bars and to widen doorways for little or no cost.

Low blood pressure. Hypotension is common amongst PWP's. Taking salt pills is a good solution if there are no other health issues that would make the salt pills dangerous. Eating something salty also helps. There are blood pressure-boosting medications if these non-medical interventions aren't sufficient. Florinef is very effective but requires doctor-supervised potassium supplementation.

Creative solutions. Observe what things cause problems and find creative solutions for them. For example, stuff your change into pockets rather than your wallet after purchases. Serve mashed potatoes with peas or corn; this keeps the peas or corn from flying around the room. Drink soup through a Hot Straw. Effective solutions to problems take the stress out of the situation, decrease embarrassment, and keep PD medications working (stress kills off carbevo).

Coddling. Don't coddle a PWP. Let him do for himself all that he can. Many PWP's have apathy and will let you do everything if you offer to step in—if you do, you will only accelerate his inability to do things for himself. It's very tempting to step in because it's so much faster but RESIST RESIST RESIST! If necessary, have him start getting ready for appointments and outings two or three hours early so you don't have to step in in order to get out the door on time.

Rushing. Help PWP's avoid rushing at all costs. Rushing is a form of stress and will actually cause the medications to stop working, the symptoms to get worse, and frustration to mount. Rushing brings on the exact opposite of what you're trying to accomplish—it slows him down!

Apathy. There is no medical treatment available. Use inspiration or persuasion. I advocate using brow beating and guilt! I know that sounds terrible, but you caregivers need your PWP's out there doing everything they can to slow the progression of the disease for YOUR sake if not for theirs. So if it's effective, lay on the guilt trips so that you as a caregiver don't burn out!

Timing. Exercise and participate in activities when your meds are working well. That varies from person to person and from day to day.

Getting out of chairs. Scoot to the edge of the chair. Put both feet as far under you as the chair allows and keep them shoulder-width apart. One foot can be slightly in front of the other. Bend at the hips until your nose is "over your toes." Place both hands on the chair seat or arms. Push with your hands and stand up. Caregivers, you may need to coach your PWP each time he tries to get out of a chair.

Constipation. In addition to the hints already given, a Squatty Potty is an inexpensive tool to help overcome constipation. It helps straighten the intestines to ease the passage of the BM without straining. Straining can dangerously raise blood pressure.

Support groups. Caregivers, encourage your PWP's to attend our support group meeting, where they will be with other PWP's who completely understand their PD issues. They can learn from others how they have solved PD problems and can be inspired and encouraged to see others who are living well with PD, even decades after diagnosis.

PWP's, encourage your family members and other caregivers to come to our support group meetings—the more they know, the better for everyone!

The Colorado Springs Parkinson's Support Group is an all-volunteer organization striving to improve the quality of life of our members through socializing, sharing knowledge and information, giving each other emotional support, and training professional caregivers. The group provides reimbursement for transportation to our meetings if needed. We meet currently in Fellowship Hall of the First United Methodist Church 420 N Nevada Ave on the second Saturday of each month from 10 am to around noon. Meetings include guest speakers and great potluck lunches. In August, we have a picnic in lieu of a meeting. The support group also provides an extremely informative free monthly newsletter.

See our website, www.co-parkinson.org, for links to other helpful websites and YouTube presentations.

One last thought: positive attitudes and humor help everyone!

Helpful Recipe for Constipation:

- 1 C applesauce
- 1 C oat bran or unprocessed wheat bran
- 1 C prune juice

Mix ingredients together. Start with 1-2 tablespoons each evening, followed by 6-8 ounces of water or juice. If no change occurs with 2 weeks, slowly increase to 3-4 tablespoons.

Helpful Swallowing Exercises

The leading cause of death in people with Parkinson's is aspiration pneumonia. THIS CAN BE PREVENTED!!! As we all know, Parkinson's affects the muscles including the throat/swallowing muscles. With weakened throat/swallowing muscles, it becomes difficult to control the pathway of food and drink when swallowing. Rather than going into the esophagus, it can easily go into the airway instead which can cause aspiration pneumonia. The following are swallowing exercises that have been proven to help strengthen those muscles.

1. Resistive Tongue Exercise (RTE) - improves tongue strength and control of food and drink.

- Push tongue hard against roof of mouth.
- Push tongue hard against each cheek.
- Push tongue hard against a tongue depressor or spoon.

Hold for 5 seconds. 3-5 times twice a day

2. Jaw Open

- Open mouth as wide as possible.
 - Move jaw back and forth and close
- 5 times, twice a day*

3. Yawning — helps upward movement of the larynx (voice box) and the opening of the esophagus.

- Open jaw as far as you can and hold for 10 seconds.
 - Rest for 10 seconds.
- 5 times, twice a day*

4. Masako (tongue hold) – helps strengthen tongue muscles needed for swallowing.

- Gently "bite" tongue tip between front teeth (3/4" outside of mouth) – you should feel it pull forward in your mouth.
- Swallow hard and imagine the back of your throat working hard to reach your tongue.

- If that's too difficult, push tongue firmly against the roof of your mouth while swallowing.

**Only saliva swallows*

5 times, twice a day

5. Effortful Swallow – improves movement of the tongue base and pharynx (throat).

- As you swallow, imagine you have a golf ball stuck in your throat.
- Squeeze as hard as you can with your throat muscles.

5 times, twice a day

6. Chin Tuck Against Resistance (CTAR)

A. Sit with your back straight and forcefully hold rolled up towel under your chin and hold for 60 seconds.

Twice a day

B. Sit with your back straight and position the towel under your chin and forcefully bring chin down on towel and then lift your head.

20 times, twice a day

7. Epiglottic Control – improves airway protection when you swallow.

- Open your mouth wide.
- Exhale the air from the lungs through the nose but do not allow any air to escape from your mouth. Your airway should remain closed. You

will be exhaling against a closed throat so air cannot escape.

5 times, twice a day

8. Mendelsohn Maneuver – promotes movement of the epiglottis. Improves the function of the larynx and strength of the esophageal opening.

- When swallowing, hold larynx in a raised position (at highest point) by squeezing your throat and tongue muscles (half way through the swallow) for 1 to 2 seconds.

– Then finish the swallow

10 times, twice a day

9. Hyoid Lift Maneuver – builds swallowing muscle strength and control.

- Place multiple small pieces of paper on a towel in front of you.
- Next, place a straw in your mouth and suck on the straw, allowing the paper to get picked up by the tip of the straw.
- Keep sucking on the straw as you carry the straw over to a cup, and stop sucking to release the paper into the cup.
- You should aim to successfully place all of the pieces of paper into the cup.

Start out with just 3 to 5 pieces of paper and slowly increase to around 10

Colorado Parkinson Foundation, Inc.

1155 Kelly Johnson Blvd.

Suite # 111

Colorado Springs, CO 80920

PARKINSON'S PERSPECTIVE

FEBRUARY 2024

Coming Events

See inside for more information

February 3rd - Reg Mtg at Central United Methodist Church – 10 am

Program: Break-Out Sessions – Caregivers & Parkinsonians separate into different rooms to talk

March 2nd - Reg Mtg at Central United Methodist Church – 10 am

Program: Physical Therapy Treatment for People with Parkinson's - it's not one size fits all!;

Speaker: Danielle Mulligan, PT, MSPT

April 6th - Reg Mtg at Central United Methodist Church – 10 am

Program: The Benefits of Dance for Parkinson's; **Speaker:** Laura Treglia & Robin Izer, Ormao Dance Company

May 4th - Reg Mtg at Central United Methodist Church – 10 am

Program: Break-Out Sessions – Caregivers & Parkinsonians separate into different rooms to talk

More useful websites:

<https://parkinsonsnewstoday.com>; www.parkinsonrockies.org; www.parkinson.org; www.nwpf.org; michaeljfoxfoundation.org;
<http://caremap.parkinson.org>; <https://www.brainhq.com/world-class-science/published-research/active-study>;
www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons; www.parkinsonheartland.org;
<https://www.pdself.org>; https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo_C; pmdalliance.org;
<https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>