



# Parkinson's Perspective

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

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

## Acting President:

Jill Reid [redacted]  
president@co-parkinson.org  
**President Emeritus :** Ric Pfarrer  
**Vice President:** Jill Reid  
**Secretary:** Linda Christian  
**Treasurer:** Julie Pfarrer

## Members at Large:

Janet Adams, Beth Clarke,  
Gene Clarke, Jack Dashosh,  
Pat Dashosh, John Farley,  
Carole Henrichsen,  
Paul Mackendrick,  
Dave Moross, Mary Sauvain,  
Rich Sauvain

**Facilitator:** Patrick Holland

## Committee Chairmen

**Programs:** Jill Reid  
**Educational Outreach:** Jill Reid  
**Membership:** Carole Henrichsen  
**Chaplain:** Rusty Merrill  
**Parkinson's Awareness Day:**  
Vacant

**Photographer:** Vacant

## **Lending Locker Coordinator:**

Rich Sauvain [redacted]  
**Main Dish Coordinator:** Stephen  
Rudawsky [redacted] or  
potluck@co-parkinson.org

**Picnic:** Carole Henrichsen  
and Janet Adams

**Media Relations:** Mary Sauvain  
**Medical Advisor:** Curt Freed, MD

**New Member Table Chairmen:**  
Pat Dashosh

**Sunshine (Cards):** Sharon Carlson  
[redacted]

**T-Shirt Chairman:** Vacant

**Webmaster:** Julie Pfarrer  
**Newsletter Editor:** K. Schleiker  
**Address/Email/Database Updates  
and Newsletter Coordinator:**

Contact Julie Pfarrer at  
db\_mgr@co-parkinson.org or  
call [redacted]

## DON'T FORGET ABOUT OUR NEW MEETING LOCATION!

Parking at First United Methodist Church is on the north end of the building - a smaller parking lot with handicapped spots next to the building and a larger one across St. Vrain Avenue. Enter the door facing the parking lots, continue to the end of the main hallway and turn right. Elevators are on the right and stairs are at the end of that hallway. After exiting the elevators jog a bit to the right and go straight down the hallway in front of you. If you take the stairs follow the hallway at the bottom of the stairs and take the first right. Part way down that hallway you'll see a sign that points to Fellowship Hall on the left. We will try to have signs in strategic places so you don't get lost. Give yourself a little extra time because it's a longer walk than getting to the meeting room at 1<sup>st</sup> Pres or Academy Christian.

**Next Meeting: Saturday, October 9th — 10:00 am - 1:30 pm Meeting**

Location: First United Methodist Church, 420 N. Nevada Ave – downtown just south of St Vrain

9:45 am – Come in 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 to live well with Parkinson's,  
so plan to attend the meeting at First United Methodist Church or join us on Zoom.**

The program will be followed by a potluck lunch.



**Speaker: Dr. Brian Grabert, MD**

**Topic: Your questions answered by a Parkinson's expert**

**About the Speaker:** Dr. Grabert, a neurologist who specializes in Parkinson's disease, is familiar to those who have been in our support group for very long. He has been a widely respected Parkinson's neurologist in our local community for many years. He and his wife, Julianne, ran CSPSG in the 90's when it was called JTPSG and he has continued to speak regularly to our group for over two decades, keeping us updated on the latest Parkinson's information.

## The October Potluck – Crock Pot Dish - Chili, Stew or Soup

If you would like to be a provider of the main dish or a side dish, you can sign up through our website or you can contact Stephen Rudawsky at [redacted] or potluck@co-parkinson.org, no later than Wed. October 6<sup>th</sup> and tell him what you would like to bring. If you'd like to go through the website, go to the "Events" page of the website and find the meeting you're volunteering for and select "Event Details." That will take you to the main sign-up page. In addition to the meeting information, you will see how many chefs and the number of servings per batch are needed. Click on "Sign Up" in the box and then select "Submit and Sign Up" which will take you to a page where you will select how many of the number of chefs you are signing up for. For example, if the # of servings requested is 10 but you're making 20 servings then the quantity you would select should be 2...the equivalent of 2 chefs. There is also a place for any comments you may have there. You must then provide your name & email address. When finished, select "Sign Up Now" and you will receive a confirmation email and your information will be sent to our potluck coordinator, Stephen. This capability should help make Stephen's job considerably easier. To return to the website, close the sign-up tab at the top of the screen.

*Remember that bringing food for the potluck is voluntary.  
We look forward to seeing you there!*

## A New Potluck Food Coordinator is Needed!

Sadly, our wonderful food coordinator, Stephen, has become too overwhelmed with college courses, his job and caregiving his parents to continue as our potluck coordinator.

The job includes deciding on the potluck theme each month, restocking supplies that the group will pay for, storing and bringing the supplies to the meetings, starting the coffee pots, setting up the drinks and food tables and cleaning up afterwards. Of course we always have volunteers willing to help you set up, serve, if necessary, and cleanup at the meetings.

If you'd like to take on this position, please let Jill or Julie know at president@co-parkinson.org, db\_mgr@co-parkinson.org or call Julie at [redacted].

The Colorado Springs  
Parkinson's Support Group  
(part of CPF) meets the second  
Saturday of each month at 10AM  
(with exceptions to be noted  
in this newsletter).

**See the President's Corner on Page 7 - Lots of Things have Changed**

**(September 11, 2021: Program Review)**

| Linda Christian, Secretary

**Bladders Behaving Badly****A Physical Therapy Approach to Treating Incontinence***Presented by – Danielle Spivey Mulligan, PT, MSPT*

Danielle began her presentation by stating that 80 percent of her day is spent treating folks with Parkinson's. She went on to say that she went to school to work with old people, 50+ and that she does not relate to the younger generation as well as she does the older generation. Danielle explained that she was very close to her grandparents and gravitated to the older generation for her area of studies selecting balance and mobility impairments from vestibular dysfunction and neurological diseases. In addition to focusing on inner ear issues, she also studied urinary, bladder, and incontinence issues.

Danielle's first slide provided a definition of incontinence along with some statistical information

**• Incontinence**

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- Involuntary loss of urine
- 25 million people experience incontinence
- Half of all women and 20% of all men will experience incontinence in their lifetime
- 80% of women experience during pregnancy
- Women have a 20% chance of incontinence per child they deliver (5 children = 100% chance)
- Incontinence is not an inevitable result of aging
- Incontinence is not normal and should be treated

Danielle explained that incontinence is not just because we're getting older. She then discussed each item below.

**• Incontinence**

- Incontinence is not a disease
  - Danielle explained incontinence is a symptom
- Only 1/12 people even discuss with their doctor
  - Danielle stated that most individuals are embarrassed to discuss this issue with their physician.
- The average women waits 7-9 years to seek help
  - Danielle told the meeting attendees that men will discuss incontinence with their doctor much earlier than women

- Incontinence is associated with nursing home admissions
  - Danielle pointed out that it's sad to think that many individuals are admitted into nursing homes because of incontinence which is treatable and preventable
- 80% of cases can be improved
  - Danielle stressed that most of us with incontinence issues can reverse the problem
- Treatment depends on the type of incontinence you have
  - Danielle stated that she would cover the four main types of incontinence as the presentation progressed
- Most treatment involves a combination of pelvic floor muscle exercises, behavior modification, absorbent products and sometimes medications
  - Danielle explained that a combination of pelvic floor muscle exercises and behavior modification can dramatically reduce incontinence issues. She stressed the need to use only incontinence products, not products created for your monthly cycle. Danielle also told the meeting attendees that she would not discuss medication, that information should come from your physician.
- National Association for Continence nafc.org is a great website
  - While preparing for her presentation, Danielle found the above website containing a wealth of information that any of us can access. She stated that you can sign up for their newsletter also.

Next, Danielle discussed:

**• Anatomy and Physiology**

- Kidneys make urine
  - Danielle suggested that if you have persistent back pain above the waist area, it could indicate a kidney infection and you should seek medical help
- The bladder stores urine
- Pelvic floor muscles under voluntary control

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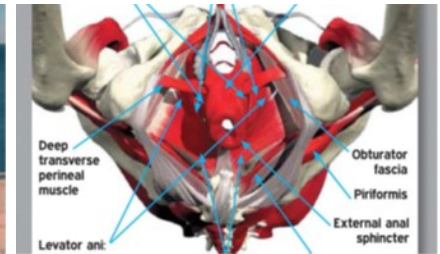
Danielle then described the bladder's function and at what point you should feel the urge to urinate:

**• Bladder**

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- The bladder stores urine
- We should feel the sensation to void when the bladder is half full

Next, Danielle discussed:



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**• Pelvic Floor Muscles**

- Pelvic floor muscles under voluntary control
- Incontinence happens when the muscles let urine out without your consent

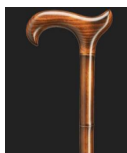
She explained that all of us have the same pelvic shape and used a model of a pelvis as her visual aide for the audience. Danielle further noted that prevention of incontinence improves quality of life.

The next topic Danielle spoke about was:

**• Four types of Incontinence**

- **Stress Incontinence** - Loss of urine with increase in intra-abdominal pressure
  - Cough
  - Sneeze
  - Laugh
  - Change of position – sit to stand – getting out of bed
  - Usually only leak a few drops of urine
  - WEAKNESS OF THE PELVIC FLOOR – RESPONDS TO EXERCISE – Kegels
  - PD effects every muscle in your body – meaning stress incontinence common for folks with PD
- **Urge Incontinence**
  - Involuntary loss of urine associated with an abrupt strong desire to void
    - ◆ Danielle provided an example of someone driving home and the closer they got to home, the stronger the urge to urinate and by the time the key is in the door the urge is uncontrollable and results in not making it to the bathroom.
    - The bladder contracts for no apparent reason
    - Usually wets outerwear
    - Not from weakness of the pelvic floor

- TYPICALLY, FROM BLADDER IRRITANTS OR POOR TOLLERATING HABITS – RESPONDS TO LIFESTYLE CHANGES
- Overactive bladder
- Urge incontinence common with folks with PD
- Nocturia
  - Frequent night-time trips to the bathroom
  - Overproduction of urine at night
  - Women – due to childbirth, menopause and/or pelvic organ prolapse
  - Men – due to enlarged prostate BPH Benign Prostatic Hyperplasia
  - Danielle explained that the prostate works like a stopper so there's no leakage but, if problems arise, men should see their urologist.
  - Common with PD
  - Trained Behavioral Patterns
    - ◆ Danielle provided the following example: You get up at 2:00 am to feed the baby and of course you make a bathroom stop and over time, your bladder is trained to get you up at 2:00 am to urinate even though the baby is grown. Another example is that we tell our children as we were told, use the bathroom before we leave the house.
  - Bladder irritants
    - ◆ Danielle explained that our bladder loves water and other beverages can become irritants to our bladder such as red wine, coffee, and sodas
  - Excessive fluids before bedtimes
    - ◆ Danielle suggested that it might be beneficial to cut off liquids a few hours before bedtime.
  - Diminished nocturnal bladder capacity
  - Common with dx: Diabetes, High BP, Congestive Heart Failure, Vascular disease, Restless Legs
  - Sleep disorders, Insomnia
- Functional Incontinence



- Can't get to the bathroom in time due to slow mobility
  - ◆ Danielle suggested that a bedside commode can help especially at night.
  - ◆ Men can use urinals but there is a risk of spilling the contents during the process. A urinal is not feasible for us females.
- Can be improved with exercise and PT
- Functional Incontinence can be common with folks with PD

Danielle then covered treatment plans for each of the four incontinence types she discussed:

• **Primary treatment for Stress Incontinence is:**

- Kegel exercises
- First you must find your pelvic floor muscles
- Your stomach, buttocks and inner thighs are not your pelvic floor
- Think about pulling up and in to isolate pelvic floor
- It is often easier to think of doing all you can to do not to pass gas.....
  - ◆ Danielle provided an example of a woman in a red polka dot bikini in an elevator and feeling like she was going to pass gas so she tried to think of the best way to control the urge without embarrassing herself. If she squeezed her butt cheeks, everyone in the elevator would realize her problem.
- Meaning you start pulling in around your anus and pulling up and in forward to include your entire pelvic floor
- Women can think about pulling up and in on a tampon
  - ◆ Danielle also suggested that to practice, women could put one finger in their vagina and feel the muscles pull when

- performing the Kegel exercises.
- Men can see penis elevate

Next, Daniel discussed:

• **Exercise your bottom line: Kegels**

- 2 types of Kegels to strengthen 2 different muscles functions



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- Quick

- ◆ Danielle explained that if you're a baseball pitcher, you practice throwing the baseball as quickly as you can.



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- Endurance/Longer holds

- ◆ In contrast, Danielle explained that if you're in the ballet, your practice and performance consists of endurance and longer holds.

Danielle then discusses your Kegel goals and how to perform the exercises daily keeping in mind that this is not a quick process but a slow and steady one increasing reps along the way:

- **Kegels:** Daily Goal 60 a day....keeps incontinence away...
  - Half are Quick and Half are long holds
  - Quick: 10 in a row – 3 sets – rest a minute between each set of 10
  - Long holds: Contract 5-10 sec holding gently, then rest 10-20 sec. The rest times should be twice the contraction time.
  - Ultimately you will do 30 contractions
  - Quality over Quantity
  - Start with 20 a day and work up to 60 over several months
  - Start lying down or reclined until you can really feel the contractions
  - When you feel the contractions, you can work into sitting and standing positions
  - Try not to hold your breath
  - You may like doing the long holds with your natural breathing cycle. Holding the contraction on the EXHALE and resting on the INHALE
  - You may need to feel your pelvic floor muscles to help isolate
  - It takes 6-8 weeks to strengthen any muscle in your body – YES 6-8 WEEKS
  - Use it or Lose it
  - Hold the squeeze until after the sneeze
  - Biofeedback EMG is one tool that can help isolate “see” the pelvic floor – Part of Physical Therapy
    - ◆ Danielle explained that Biofeedback EMG is used by a Physical Therapist to provide invaluable information regarding incontinence issues. She further explained that during the process, electrodes are attached to the pelvic floor.

• **Urge Incontinence**

- Abrupt strong urge to urinate and cannot get to the bathroom in time
- More about the bladder – less about the pelvic floor
- Usually losing your entire bladder – may even wet your pants
- Lifestyle changes is the key – not necessarily Kegel exercises – but strong muscles are healthy muscles
- Bladder Irritants
- Urinary frequency contributes to frequent urgency
- Bladder diary to help identify triggers and improve symptoms
- CALM BEFORE THE KEGEL -----

• **Bladder Irritants –**

- Important lifestyle change can really be a game changer
- Coffee, tea, soda
  - ◆ Both regular and decaf
- Alcohol
- Chocolate
- Vinegar
- Nicotine

*(Continued on page 6)*

**Other Local Support Groups: Due to Coronavirus concerns, check ahead to see if canceled**

**Ladies w/ Parkinson's Support Group**

The leader of this support group, Carla, is stepping down. The group meets once a month to do various fun activities such as lunch, crafting, baking, etc. If you are a fun-idea person and would like to make sure that this group that has been so valuable to its members continues, please consider volunteering to lead the group. If you're interested please notify Julie Pfarrer at [db\\_mgr@co-parkinson.org](mailto:db_mgr@co-parkinson.org) or [REDACTED].

**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 3<sup>rd</sup> Thursday of each month from 10:00 to 12:00 at New Life Church Midtown – 3958 N. Academy Blvd., Suite 103, Academy & Austin Bluffs. Contact Brenda Hicks by email at [REDACTED].com or at [REDACTED] to let her know you are coming.

**Tri-Lakes Parkinson's Support Group**

Meets the 3<sup>rd</sup> Saturday of every month at 10 am at the Monument Community Presbyterian Church, 238 3<sup>rd</sup> Street, Monument. For more information contact Barry Hanenburg at [bhanenbu@hotmail.com](mailto:bhanenbu@hotmail.com) or Syble Krafft at [REDACTED].

**Essential Tremor Support Group**

The essential Tremor Support Group is moving from Monument to Colorado Springs starting October 16<sup>th</sup>. The meetings will be in the ENT conference room at Pikes Peak Library District. Colorado Springs Library 21c, 1175 Chapel Hills Drive. For questions contact Jim Sanchez at [REDACTED].

**Other Opportunities: Due to Coronavirus concerns, check ahead to see if canceled**

**LSVT BIG & LOUD at Home**

At Home Healthcare offers the LSVT BIG & LOUD therapy program for individuals with Parkinson's Disease in the comfort of their homes. Their therapists are LSVT certified and can accommodate patients' home schedules. Medicare covers outpatient therapy at 80% and home health therapy at 100%. If you have questions about this service or would like a referral coordinated through your primary care provider please call their office at: (719) 227-8624.

**Creativity Lab**

**On sabbatical for the time being.**

With concerns for the health and safety of our participants, we at The Unsteady Hand have suspended all in person programming. We hope to resume around the first of the year.

[www.TheUnsteadyHand.org](http://www.TheUnsteadyHand.org)  
Re-Imaging Parkinson's - Mo

**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*  
- SPEAK OUT!  
- LSVT, an evidenced based voice treatment program designed for Parkinson's patients

*Swallowing*  
- Neuromuscular Electrical Stimulation Therapy  
- Respiratory Muscle Strength Training  
*Aphasia following stroke*  
*Cognitive-Linguistic Deficits*

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



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

Kathryn Allie  
Dennis Bockhaut  
Ann Brand  
Joshua Campbell  
Roger Christiansen  
Richard Cobey  
Charlene Costello  
Mike Cunningham  
Jack Dashosh  
Ruby Doyle  
Eddie Edwards

Alan Filippi  
Bobbie Hamilton  
Phil Horton  
Betsy Hughes  
Steve Kozeliski  
Linda Krager  
Elaine Laue  
Rudy Legleiter  
Karen McCraley  
Katja Pinion  
Sean Prescott

Ed Santos  
Marda Santos  
Linda Marie Shrewsbury  
Keith Smith  
Sue Smith  
Jan Suhr  
Scott Van Pelt  
Charles Wells  
Helen Zinn

**October Executive Committee Meeting**

October 19<sup>th</sup> at 12:00 at a place to be determined.  
(you will be notified by email)

Contact Linda at [secretary@co-parkinson.org](mailto:secretary@co-parkinson.org) if you haven't been to an Executive Meeting so we will know that you're coming. Leave your email address so Linda can contact you if anything changes.

**November Newsletter**

**Input Deadline:  
October 22nd**

Call or e-mail Julie at:

[db\\_mgr@co-parkinson.org](mailto:db_mgr@co-parkinson.org).

**Marjoram tea may reduce non-motor symptoms and depression in PD**

By Simge Eva Dogan, an article in 'Parkinson's Life'

Researchers in Tunisia have found that drinking marjoram tea daily may help reduce symptoms of Parkinson's disease.

As part of a small study, the team recruited 60 people with Parkinson's who used antiparkinsonian medication. Half of the group were assigned to drink marjoram tea and the other half a placebo tea, every night for 30 days. During the study period, participants maintained their usual diet, physical activity and medication.

The researchers used the Unified Parkinson's Disease Rating Scale (UPDRS), Beck Depres-

sion Inventory and Non-Motor Symptoms Scale to assess changes in the participants' motor and non-motor symptoms, and depression.

The results showed that marjoram tea may significantly reduce non-motor symptoms and depression in Parkinson's, while improvement of motor symptoms "may need an extended treatment period".

The study's authors added: "more research with a large number of participants and lasting longer than one month is needed to argue these findings".

**Thank You!**

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

**PD Exercise Classes: Due to Coronavirus concerns, check ahead to see if canceled**

**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 11:00 am 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](http://www.ormaodance.org) and click on "Dance for Parkinson's" under the "Outreach" tab to get the Zoom link.

Questions: Contact Laura at [laura.hymers@gmail.com](mailto:laura.hymers@gmail.com) or 719-640-8478.

**Max Capacity NeuroFitness**

is offering PWR Boot Camp classes, donation based Power Punch Boxing, pole walking classes and individual PD specific fitness training.

**NEW LOCATION:** 525 E. Fountain Blvd. Suite 150. Park on the S. Royer side of the building.

Boxing: Tues/Thur – 4:00 to 5:00pm and Sat – 9:00am to 10:00am

PWR Boot Camp: Mon/Wed – 3:30pm to 4:30pm

**Boxing is free of charge, Boot Camp packages available!** Contact Emily Moncheski at (719) 213-3996 or [emily@maxcapacitypt.com](mailto:emily@maxcapacitypt.com) for info.

**YMCA PD Exercise Classes**

We utilize exercise as medicine to increase quality of life so that you can get better and stay better.

**NOTE: All classes have been suspended except the following:**

Tri-Lakes YMCA: PWR!Moves Tuesday & Thursday, 1:30-2:30 PM

Briargate YMCA: PWR!Moves Monday, Wednesday & Friday, 1:30-2:30 PM

**For more information contact Jamie Clayton at [jclayton@ppymca.org](mailto:jclayton@ppymca.org)**

**NeuroRehab Project at ORA Water and Movement Classes**

**Note:** We were told that these classes have been discontinued, check ahead to see if canceled.

**Improve your mobility in the water:**

We offer warm water (92 degrees) pool classes for people with movement disorders. Mondays and Wednesdays from 1:30-2:30. \$10.

**Parkinson's Wellness Recovery Exercise Class:**

Power Moderate level. Fri at 1:30. \$10

**Parkinson's Wellness Recovery Exercise Class:**

Power Advanced level. Wed at 1:30. \$10.

Danielle Spivey, PT and Rachel Johnson, SLP have created these opportunities to augment skilled Physical and Speech Therapy.

Location: Pikes Peak Athletics, 602 Elkton Drive in Rockrimmon. Please call us at (719) 559-0680 for information and to get signed up.

**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](mailto:CAL@uccs.edu).

**PWR!Moves Class**

Skyline Wellness & Aquatics Center is partnering with the YMCA to help the PWR! Moves class be more available to everyone. We are reaching out to help individuals who may be located on the south side of town and need a closer location to their home. We are located within Brookdale Skyline at 2365 Patriot Heights near Bear Creek Dog Park. Our classes are held every Tuesday and Thursday from 12:30-1:30 pm. If you have any questions, please contact the Fitness Coordinator Karisa Dreyer at (719) 867-4658

**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.

When: Every Friday at 10:30

Location: 525 East Fountain Blvd.

MACS–corner of Fountain & Royer

Cost: \$10.00 a class.

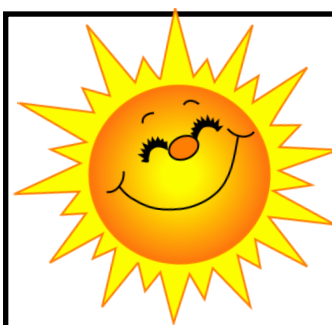
**Falcon Exercise Group**

Mon and Fri –11:00 – 12:00 noon, Grace Community Church.

For more information contact Catherine Reed at [REDACTED].

**Coronavirus and Parkinson's Disease**

For information on coronavirus and Parkinson's Disease go to: [www.parkinson.org/CoronaVirus](http://www.parkinson.org/CoronaVirus).



**Help us 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.

Sharon can be reached by calling [REDACTED]

(Continued from page 4...)

- Artificial sweeteners
- Acidic juices like orange, tomato and even cranberry
- Concentrated urine is the biggest bladder irritant of all – Do not restrict your bladder irritants
  - ◆ Danielle explained that water is the only thing your bladder likes. She also stated that you can choose if you want to remove some of the irritants from your diet or not. Danielle explained that our urine should be clear or almost clear.
- **Controlling the URGE.....to get to the bathroom dry**
  - Your first instinct might be to rush to get to the bathroom as quickly as you can
  - Imagine what would happen if you ran with a very full bowl of water – it would spill over
  - Try to stay very still and maintain control
  - Do a few quick Kegels, which can relax your bladder
  - Relax and walk to the bathroom slowly
  - This takes practice – be patient
- **How your bladder Works**
  - Your bladder stores your urine
  - A healthy bladder will notify you that it wants to be emptied when it is HALF full
  - Urinary frequency becomes a problem when your bladder notifies you when it is a QUARTER full or LESS.
  - Bad habits can start with your getting up at night to tend to your first baby
  - Avoid the JIC “Just in Case” Pee....
  - Can lead to urinary frequency.....
    - ◆ Danielle explained that your bladder is controlling you instead of you controlling your bladder so we have to teach our bladder that we're in control.

- **Urinary Frequency**
  - Do you feel that you are living in the bathroom?
  - Are you going to the bathroom more than once every 2-3 hrs?
  - Are you getting up at night to urinate more than once?
  - Do you avoid leaving the house for fear of not finding a bathroom?
  - When you arrive at your destination do you often have to use the bathroom right away?
  - Do you always use the bathroom before you leave the house in fear of not making it to the next bathroom?

**IF YOU ANSWERED YES TO THESE QUESTIONS...  
YOUR BLADDER IS CONTROLLING YOU**  
*Common with folks with PD*

- **Bladder Retraining**
  - Start with a bladder diary to identify how often you are going to the bathroom
  - The GOAL is to void every THREE hours
  - But how are you going to get to 3 hours:
  - Pelvic Floor KEGEL exercises
  - Avoid Bladder Irritants
  - Use the Controlling Urinary Urge techniques
  - These 3 together can help you slowly expand the time in between trips to the bathroom
  - Be patient with yourself as this process can take several months with likely several bladder accidents

**Bladder Diary**

	Amount of urine counted in seconds	What did you drink and how much. Details help.	Urge to urinate A little A lot	Incontinence A few drops Wet under ware Wet outer wear
5am	15 sec			
6am		1 cup coffee		
7am			A lot of urge	Wet under wear
8am	6 sec			
9am		1 cup water	A little urge	
10am				
11am	15 sec			

- **Use a bladder diary data to make a plan**

- If you notice coffee makes you wet your underwear you may choose to be at home when you have coffee or you may choose not to drink coffee
- If you notice wine gives you very strong urge and you cannot get to the bathroom you may choose not to drink wine or make sure you are wearing adequate protection
- If you notice you are up 3x a night you may choose to limit fluids after 5pm and increase daytime fluids
- If you notice you are going to the bathroom every 1-2 hours you need to work on urge suppression techniques to increase the time between voids
- If you need help you can ask for referral from any of your doctors for the dx of urinary incontinence or frequency to get help from a trained PT – Personal Wellness Center at Orthopedic Rehab Associates.

● **Nocturia – Treatment**



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- Behavior Modifications
  - ◆ Decrease nighttime fluid intake
  - ◆ Decrease bladder irritants especially at night
  - ◆ Elevate legs and/or compression stockings to redistribute fluids into the bloodstream
- Management
  - ◆ Mattress covers
  - ◆ Absorbent briefs
  - ◆ Skincare products
  - ◆ Medications – talk to your urologist

● **Empty your Bladder**

- It is important to completely empty your bladder
- If you do not empty your bladder, you can get bladder infections
- Take your time when you are sitting on the toilet - don't push urine out
- Toileting position for relaxation – knees above hips
- Men relax better sitting – not standing
- “AHHH”  
“Row Row Row your boat”  
“Sigh”
  - ◆ Danielle explained that using a Squatty Potty or small stool works to open everything up and you pee and poop better.

● **Organ Prolapse**

- If your bladder, uterus or rectum is hanging low in your pelvis they can put pressure on your pelvic floor making them weak and decreasing your pelvic muscle control.
- Prolapse can also lead to incomplete voiding – or you think you are done and you stand up and more leaks out
- If you have had surgery to “sling” “tack” your organ higher you still need pelvic floor rehab to strengthen your pelvic floor
- If you are not having surgery, you may benefit from a pessary – your gynecologist can fit you for one
  - ◆ Danielle added that this device must be cleaned monthly.

● **In summary – Pelvic floor vs. Bladder**

- If your pelvic floor is weak and you are leaking urine you need to strengthen your pelvic floor with Kegel exercises
- If your bladder is overactive causing urge or frequency you need to change your habits –avoid bladder irritants and reduce frequency using re-training
- HAVE GOOD HABITS
- Strengthen – a strong muscle is a happy muscle
- Drink water – your bladder loves water – decrease bladder irritants (especially close to bedtime)
- Schedule – Your bladder loves a schedule.....Try to void every 3 hours or less.....Use urge suppressant techniques and bladder retraining
- Exercise daily and stay active to get to the bathroom safely and dry
- Take control back – you have the tools to take back control from your bladder controlling you.

*(see bottom of the next page for Danielle's contact information and the meeting Q&As)*

**The President's Corner - Lots of Things have Changed** | Jill Reid - Acting President, CPF & CSPSG



Lots of things have changed in the world—and in our support group's world as well!

For starters, we have a new meeting place, thanks to the generosity of First United Methodist Church. We held our first

meeting in their Fellowship Hall in September. It's spacious and comfortable, and their wonderful staff had the tables, chairs, and sound system (!) all set up for us by the time I got there at 8:30. The restrooms, while small, are conveniently located. Our kitchen volunteers are wowed by the fantastic industrial kitchen right next to Fellowship Hall, and I'm afraid they will be very spoiled from now on! As with every new venture, we learned some lessons for future meetings. 1) We'll use our own sound system from now on since we have a hands-free, over-the-ear microphone that goes wherever the speaker wanders. 2) We'll need to find a larger screen onto which to project slide presentations. We've asked the church if we can temporarily hang a large, light-weight screen on 3M hangers (the kind that you can remove without harming wall surfaces). If that's not acceptable, we've also offered to buy them

a large motorized screen that would drop down from their ceiling, as long as the price doesn't exceed our budget for a monetary donation that we plan to give them for letting us use their facility. We're waiting feedback from the church now.

As wonderful as our new meeting place is, it has one major drawback: it is a *long* walk from the parking lot to Fellowship Hall. So we still plan to go back to the Weber Street Center of 1<sup>st</sup> Presbyterian Church as soon as they are staffed sufficiently again to open the Weber Street Center on weekends.

Secondly, our great food coordinator, Stephen Rudawsky, has let us know that he won't be able to continue as food coordinator after the next month or two. His schedule has gotten extremely busy with college, a full-time job, and helping to care for his parents. He's done such a fantastic job, and we'll definitely miss him. Thanks for everything you've done, Stephen!

Next, we obviously need a Stephen replacement. He's got a good system in place, so it should be a fairly easy job for anyone who would volunteer to take it on. The job includes deciding on and announcing in the newsletter the theme for

the main courses (for example, casseroles); setting the number of side dishes and desserts needed; restocking supplies (you'll be reimbursed, of course—and everything will be fully stocked when Stephen leaves); bringing the supplies to the meetings; and, with the help of the other kitchen volunteers, setting up drinks and the buffet table and cleaning up. Please consider volunteering for this very important position so that we can continue to have our potluck lunches.

The post-meeting potluck is perhaps even more important than our meeting programs. It's the perfect time to socialize and learn from each other. It's so vital to the goals of the support group that the Executive Committee has become alarmed at how few attendees are signing up to bring main courses. The committee members understand how hard it is to caregive for a person with Parkinson's and to have Parkinson's AND prepare a main dish for the meeting, especially as we get older, so starting in January, the support group will take that burden off the attendees and arrange for the main courses to be provided. We'll continue to ask attendees to bring side dishes and desserts. But if you can't, please come to the meetings anyway and stay for the meal!!

**Speaker Contact Information**

Danielle Spivey Mulligan, PT, MSPT  
e-mail: [dmulligan@oraclinic.com](mailto:dmulligan@oraclinic.com)

Orthopedic Rehab Associates – The NeuroRehab Project



Danielle Spivey Mulligan PT, MSPT  
Rachel Johnson, SLP  
The NeuroRehab Project

If you would like more information about Physical Therapy from our Personal Wellness Center to address the bladder or bowel:

- Ask your doctor for a prescription for PT for dx: Urinary Incontinence, Urinary Frequency, Bowel Incontinence, Constipation, Pelvic Pain
- Ask them to fax orders to 719-265-6649
- The orders can come from Primary Care, Neurology or Urology
- The Personal Wellness Center is located at: 3605 Austin Bluffs Parkway 80918

Question and Answer Session

**Q.** I drink lots of water during the day and when I stop drinking early, I experience leg cramps. I take potassium daily.

**A.** Electrolytes may help.

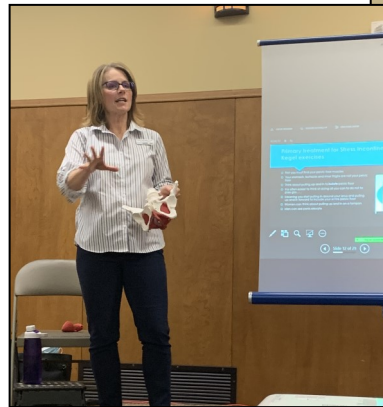
**Q.** What about people who struggle with UTI's?

**A.** Drink enough water to ensure your urine is clear. UTI's not only cause burning and frequent trips to the bathroom, for older individuals it messes with cognition. Be sure to use the right products for urinary leakage.

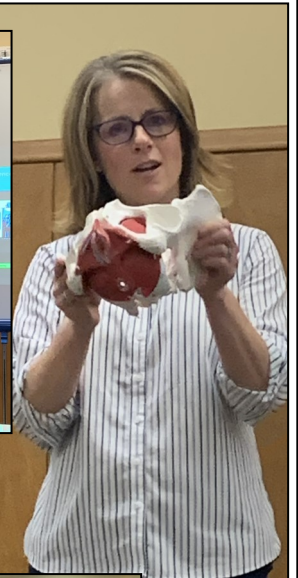
**Q.** Could you repeat the website you mentioned during the presentation, it's not on your handout?

**A.** Yes, the website for the National Association for Continence is: [nafc.org](http://nafc.org)

Danielle mentioned several times during her presentation that if you have Kaiser Insurance, Orthopedic Rehab Associates does not accept this insurance but UC Health does and they have great Physical Therapists. She stressed that you should not pay to come to her facility when your insurance will cover PT elsewhere.



**Bladders Behaving Badly**  
Presented by: Danielle Spivey Mulligan, PT, MSPT  
September Meeting



## Colorado Parkinson Foundation, Inc.

1155 Kelly Johnson Blvd.

Suite # 111

Colorado Springs, CO 80920

Parkinson's Perspective

OCTOBER 2021

# Coming Events

See Inside for Details, Phone Numbers, and for More Information

**October 9<sup>th</sup> – Reg Mtg** at First United Methodist Church – 10 am;

**Program:** Your questions answered by a Parkinson's expert — **Speaker:** Dr. Brian Grabert, MD

**November 13<sup>th</sup> – Reg Mtg** at First United Methodist Church – 10 am; **Program:** The Alexander Method & Parkinson's;

**Speaker:** Travis Chastain, Neuro-Muscular Rehabilitation & Movement Specialist

**December 11<sup>th</sup> – Christmas Party** with Entertainment by the Song Spinners!!

**January 8<sup>th</sup> – Reg Mtg** at First United Methodist Church – 10 am; **Program:** Parkinson's 101; **Speaker:** Jill Reid

**February 12<sup>th</sup> – Reg Mtg** at First United Methodist Church – 10 am; **Program:** Results of the 24 week CPF Study on the effects of a low-carb/healthy fat diet on PD, biomarkers, depression, anxiety & quality of life. **Speaker:** Melanie Tidman DHSc, M.A., OTR/L, MHP

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- ◆ Tri-Lakes PD Support Group meets the 3rd Sat of each month — Contact Barry Hanenburg at bhanenbu@hotmail.com.
  - ◆ NeuroRehab Project at ORA — Call Danielle for PWR!MOVES or Rachel for Speech Therapy & Swallowing at 719-265-6601.
  - ◆ YMCA- Parkinson's Wellness Recovery Exercise — call (719) 329-7295 or email wellness@ppymca.org.
  - ◆ Colorado Springs Senior Center: Exercise, Yoga, and TaiChi for older adults - (719) 955-3400 or <http://www.ppymca.org/colorado-springs-senior-center/about-us>.
  - ◆ UCCS Center for Active Living — at the Lane Center - Power Moves group exercise classes. Also: Balance & Agility Class for information: Call 719-255-8004 or email CAL@uccs.edu.
  - ◆ Max Capacity NeuroFitness — Contact Emily at (719) 213-3996 or visit maxcapacitypt.com
  - ◆ The Resource Exchange — the single-entry point for Medicaid long-term care – must be eligible for Medicaid and for Social Security disability.

*More useful websites:* <https://parkinsonsnewstoday.com>; [www.parkinsonrockies.org](http://www.parkinsonrockies.org); [www.parkinson.org](http://www.parkinson.org); [www.nwfp.org](http://www.nwfp.org); [michaeljfoxfoundation.org](http://michaeljfoxfoundation.org); [www.parkinsonheartland.org](http://www.parkinsonheartland.org); <https://www.pdself.org>; <https://www.brainhq.com/world-class-science/published-research/active-study>; [www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons](http://www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons); <http://caremap.parkinson.org>; [https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo\\_C](https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo_C); <https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>; [pmdalliance.org](http://pmdalliance.org)