



Parkinson's Perspective

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

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

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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).

Next Meeting: First Presbyterian Church is still not opening up their facilities to accommodate our meetings so, again, we won't be having our June meeting. If things change, you will be notified by email blast or by phone when we're able to resume our support group meetings and that information will also be on the website calendar.

From the President's Desk



So, will this ever come to an end. Yep, it will, but in the meantime the virus-thing is causing a general morphing of our global society and that is huge. Everything is changing. From whatever job career or part of our culture you call a part-of-you, it is bound to change in major and/or subtle ways. Here's an example. My background for years revolved around the Olympic Games and the United States Olympic and Paralympic Committee (USOPC). During the week of May 18th, 100 of the 475 employees of the USOPC were released. That adds up to 21% of the USOPC workforce. The following week, further cuts to the operating budgets are to take place (I am writing this on Memorial Day weekend so I don't know the exact amount of cuts). Presuming the operational cuts will fall in line with the Human Resource cuts, 20% will be cut and that adds up to approximately \$95,000,000 annually. Whoa, that sounds like a lot and it is. But bear in mind that a substantial portion of those funds are dedicated to supporting athletes and coaches between time frames of Olympic and Paralympic Games and also go toward underwriting transportation and other needs for the actual games. Since the Olympic and Paralympic Games in Japan are now delayed until 2021, monies from television rights and sponsorships will not be forthcoming. The USOPC is now in a real trick-bag and it will be an interesting exercise how that dilemma is resolved (also, remembering that the USOPC receives no government financial support). This is a major issue as there is great pride in Team USA properly representing us in international competition. It takes resource...money...to prepare and compete in those competitions.

The USOPC puzzle is only one example of thousands that present challenges in our country. Thousands of small business operations are in an existential place.

But, if you look back over the history of our country you will find that we have managed to overcome adversity through creativity and perseverance. In actual fact, over time we have learned to become even better than what we were before the "crises of the day". So, not all is bad news. I suspect there is a very bright light at the end of the tunnel.

Speaking of change, last month I mentioned that the advent of more and more electrically driven cars will become commonplace over the next decade. It is likely that the actual ownership of cars will diminish and we will just order driver-less (robo-cars) vehicles to come to our individual residences to deliver us to whatever destinations we want. If this happens a whole host of outcomes will occur. There will be no need for driver's licenses, automobile insurance, automobile maintenance expenses, the elimination of the majority of space used for parking lots and probably a bunch of other stuff I am forgetting.

There is an update to this little tale. Tesla automotive is now building driverless prototypes (no steering wheels or pedals) and has developed new battery chemistry to provide a 1,000,000-mile lifetime (therefore, allowing robo-cars to spend more time on the road being available to riders). Tesla anticipates testing self-driving vehicles in several localities toward the end of the year. Presuming there is success with the tests, Tesla will begin the process of obtaining governmental permits throughout the country. This entire new paradigm will likely occur quicker than many of us expect, and it will be a boon to those of us worrying about our being independent when it comes to our transportation needs.

- Steve Locke, President, CPF

Excerpts from Keto For Parkinson's

| From the Charlie Foundation

The following article is about the ketogenic diet and Parkinson's Disease. The diet may sound complicated as described in this article but NEVER FEAR!!! If you want to learn how to put together a keto diet plan yourself, join our fall research study in the benefits of diet for Parkinson's. Dr. Melanie Tidman will guide participants through every phase of the study including what foods to eat and how to prepare the food. She will be here for the July meeting (hopefully there will be a July meeting) to introduce her proposal for our new CPF Parkinson's study on nutrition. – Julie Pfarrer

Studies Show Efficacy of Keto for Parkinson's

Parkinson's disease results from the deterioration of dopamine-producing cells in the brain. Early symptoms of Parkinson's include shaking, rigid motions and moving slowly. Advanced symptoms can include difficulty walking, dementia, emotional problems and depression.

A small clinical study of seven volunteers with Parkinson's agreed to maintain a Ketogenic Diet for one month. Five had improvement in their post-diet test scores. Although this study did not include a control group, it has brought attention to the potential role of Ketogenic Diet therapy in this disease.

Nutritionist Beth Zupec-Kania assisted an elderly man whose Parkinson's disease had progressed and was no longer responding to medication. After two weeks on ketogenic therapy his wife reported "his night terrors and freezing have greatly abated". Unfortunately, he found the diet too difficult and did not maintain it and his condition worsened.

Why would the Ketogenic Diet provide benefit in people with Parkinson's? Scientists theorize possible ways that ketosis may be the answer. Ketone bodies may bypass the pathway in the brain that is disrupted and support other vital energy pathways. Ketone bodies have been shown in animal studies to mend neurons. Ketogenic Diets have also been shown to have an anti-inflammatory effect on the brain.

Ever since the Ketogenic Diet was established as a treatment for epilepsy, scientists have been delving deeper into its effect on the brain and how it may benefit other neurological conditions. The common denominator in these studies is the change in metabolism caused by ketosis.

Further research on ketogenic therapies is needed to advance this potentially beneficial therapy for Parkinson's disease.

What are the benefits of Ketosis?

Achieving a state of ketosis can have many benefits from treating chronic illnesses to optimizing performance. While the benefits are well documented, the underlying mechanism of action is not entirely known. The diet seems to enhance the ability of mitochondria, the power plants of our cells, to deliver our body's energy needs in a manner that reduces inflammation and oxidative stress. Through optimizing the way our body uses energy, we fortify our body's ability to take on the ever-growing stressors of our modern way of living.

According to David Diamon PhD, "Saturated fat does not clog the arteries: Coronary heart disease is a chronic condition, the risk of which can be effectively reduced from healthy lifestyle interventions. We have known for 150 years that a high carbohydrate diet contributes to fat in the blood and contributes to obesity." He goes on to say, "the poor science that was used to support the idea that increased fat intake increases cholesterol and damages arteries was authored by Ancel Keys who had no background in nutrition, but did have a BA in Economics and a PhD in Fish Physiology. Keys' theory that fat in diet causes increased risk for high cholesterol and heart attack was based

on extremely flawed science and "became dogma without ever being rigorously assessed." "A generation of citizens has grown up since the Diet/Heart Hypothesis (of Ancel Keys) was launched as official dogma (*the Food Pyramid*). They have been led by the greatest scientific deception of our time: the notion that consumption of animal (saturated) fat causes heart disease." George Mann MD, Nutrition Toda, 1985. "The belief that atherosclerosis is due to high cholesterol has been perpetuated by powerful forces using tactics to preserve the profits and reputations of those who promote them". Paul Rosch MD, Scandinavian Cardiovascular Journal, 2008. "The diet heart hypothesis is sustained by social, political and financial institutions which have little to do with science and established success in public health." Uffe Ravnskov MD PhD, 2008.

Ready to get started? Learn the basics...

The Ketogenic Diet, also referred to as the ketosis diet, or Keto for short, is a way of eating that mimics the effects of fasting. By consuming a diet rich in quality fats, adequate in protein, and low in net carbohydrates (total carbs minus fiber), the body's metabolism begins to utilize fat as its main source of fuel, rather than carbs. This shift has profound effects on metabolism for both the sick and healthy alike. The diet shows promise for improving or reversing many neurological conditions and metabolic disorders. For the healthy, the diet represents a tool for preventing chronic disease, as well as optimizing cognition and body composition (i.e. fat loss).

What is ketosis?

The term ketosis refers to a byproduct of the breakdown of fat into usable energy, called ketone bodies, or ketones for short. This fat can be derived directly from the food we eat, or adipose tissue stored throughout your body (otherwise known as body fat). Ketones are used directly by the body to power itself. This breakdown of fat into useful energy is similar to the process that dietary carbohydrates undergo in producing glucose to fuel the body. In other words, ketones are to fat what glucose is to carbohydrates. Ketosis is defined as having blood ketone levels > 5 millimolar/L.

How do I get into ketosis?

There are two methods to make the metabolic shift from using glucose to ketones as your main source of energy.

Fasting – the method of complete cessation of caloric intake for a prolonged period of time has been used to treat disease as far back as 400 B.C. when Hippocrates, the Father of Modern Medicine, employed the method for a myriad of ailments. Though this should be done under medical supervision, fasting is a safe, effective (and, some would say, the easiest) way to get into ketosis, quickly. For the average adult, a 48-hour fast will generally result in ketosis. After this fast, adopting a Ketogenic Diet will allow you to stay in ketosis. We recommend starting the fast at least 3 hours before bedtime on the first day, and eating at the same time 2 days later. While fasting means many things to many people, we define it here as the total restriction of macronutrients. *Continued on next page...*

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We recommend boosting water consumption in order to avoid dehydration, and many find black coffee or plain tea to help maintain focus and performance during the fast. Children go into ketosis much faster and therefore can be started on the diet without fasting.

Diet – adopting a high fat, moderate protein, and low net-carb diet, will result in ketosis and will take 2-3 weeks to achieve this state, as defined above. The diet is most basically explained by the ratio of macronutrients (fat, protein and net-carbs) in your diet, as it relates to fat. A classic Ketogenic Diet has a ratio of 4 parts fat, to 1-part protein + carbs (referred to as a 4:1 ratio). This 4:1 ratio is the high end of the spectrum as it relates to fat intake, though modifications to the diet can see this ratio go as low as 2:1. The ratio you adopt depends on the therapeutic benefit you are trying to achieve as well as the diet that is achievable for your lifestyle. We will go into diet options below.

How long should I be on the diet?

We at the Charlie Foundation believe that a 3-month commitment to the diet is a minimum commitment to allow your body to fully acclimate to the new fat based fuel source. Since most people following a western diet are not proficient at metabolizing fat optimally, this period allows the body time to become “fat-adapted”, utilizing dietary fat efficiently and effectively. There are a variety of nutritional plans that will enable a ketogenic lifestyle, and flexibility is one of the hallmarks of the diet that make it easy to adopt as a life-long tool to enhance your health.

Am I a candidate for the Ketogenic Diet?

While the short answer is yes for the majority of people consuming a western diet, we urge you to consult your general practitioner prior to making the switch to Keto. We suggest that you connect with a diet professional who can help you form a plan in collaboration with your doctor, who may be less familiar with the diet.

Types of Ketogenic Diets

There are a variety of diets that will allow you to get into ketosis. The major differentiating factor between them all is the amount of calories that come from protein, carbs and fat, which are what we call “macronutrients”, or nutrients in our food that have a caloric value. The three macronutrients differ in many ways, namely, their caloric values, as well as how the body uses them. Fat is the most calorically dense macronutrient, having 9 calories per gram, compared to 4 calories per gram for both carbs and protein. In a homeostatic state, the body utilizes fat and carbs for energy production, while it uses protein to rebuild the cells of our body. While this is generally the case, an overconsumption of protein can lead the body to break down the excess protein into glucose (which is what carbs break down into).

- Classic Ketogenic Diet
- Modified Ketogenic Diet
- MCT Oil Diet
- Modified Atkins
- Low Glycemic Index Diet (LGIT)
- Intermittent Fasting

Therapy Fights Depression for People with Parkinson's Disease

Futurity via Neurology Journal

People with Parkinson's disease who engage in cognitive behavioral therapy are more likely to overcome depression and anxiety, according to a new study.

Cognitive behavioral therapy is a form of psychotherapy that increases awareness of negative thinking and teaches coping skills.

About 50% of people diagnosed with Parkinson's disease will experience depression, and up to 40% have an anxiety disorder.

“The psychological complications of Parkinson's disease have a greater impact on the quality of life and overall functioning than the motor symptoms of the disease,” says lead author Roseanne Dobkin, a professor of psychiatry at Rutgers University's Robert Wood Johnson Medical School.

“Untreated, depression can accelerate physical and cognitive decline, compromise independence, and make it more difficult for individuals to proactively manage their health, like taking medications, exercising, and visiting the physical therapist.”

Depression in Parkinson's patients is under-recognized and often goes untreated. Among those who receive treatment, anti-depressant medication is the most common approach, though many patients continue to struggle with depressive symptoms.

The researchers investigated how adding cognitive behavioral therapy to the care individuals already received would affect their depression.

Cognitive behavioral therapy sessions helped patients re-examine their usual ways of coping with the daily challenges of Parkinson's. Researchers individually tailored therapy, targeting negative thought - such as “I have no control” – and behaviors including social withdrawal or excessive worrying. Treatment also emphasized strategies for managing the disease, such as exercise, medication adherence, and setting realistic daily goals.

The researchers enrolled 72 people diagnosed with both Parkinson's and depression. All participants continued their standard treatment. In addition, half the participants (37 people) also received

cognitive behavioral therapy over the telephone weekly for three months, then monthly for six months.

By the end of treatment, individuals receiving only standard care showed no change in their mental health status, whereas 40% of the patients receiving cognitive behavioral therapy showed their depression, anxiety, and quality of life to be “much improved.”

The convenience of phone treatment reduced barriers to care, allowing patients access to personalized, evidence-based mental health treatment, without having to leave their homes, Dobkin says.

“A notable proportion of people with Parkinson's do not receive the much needed mental health treatment to facilitate proactive coping with the daily challenges superimposed by their medical condition,” she says.

“This study suggests that the effects of the cognitive behavioral therapy last long beyond when the treatment stopped and can be used alongside standard neurological care to improve global Parkinson's disease outcomes.”

Brain-stimulating implant can turn down Parkinson's symptoms as required

By Digital Trends

Special brain implants could help "turn down" the effects of Parkinson's disease, research shows. The treatment is a variation on conventional deep brain stimulation treatment, which is already used in Parkinson's patients. Deep brain stimulation involves delivering a current which can help dampen down the activity of certain nerve cell clusters in the brain. However, it can cause unwanted side effects including speech difficulties and unusually jerky movement.

The researchers in a new study believe that they may have found a different approach, courtesy of a type of responsive stimulation that only kicks into action when an excess of beta waves, common in Parkinson's patients, are detected. This is more like delivering targeted medication only as required, rather than as a constant supply.

In a study carried out by researchers at the University of Oxford, 13 patients with Parkinson's, whose symptoms meant that they moved excessively slowly, were tested with the responsive stimulation treatment. The approach had the effect of positively countering the patients' slow movement, while causing reduced levels of speech impediment compared to conventional continuous stimulation. This could have a significant impact on the quality of life of Parkinson's patients.

But the treatment might not work for everyone. In two patients tested, the responsive stimulation resulted in the recurrence of tremors.

"Beta oscillations is effective in PD patients with bradykinetic (*slow movement, increased rigidity, impaired ability to move swiftly on command*) phenotypes, delivers less stimulation than conventional deep brain stimulation, and potentially has a more favorable speech side-effect profile," the researchers conclude in a recent paper describing their work. "Patients with prominent tremor may require a modified adaptive control strategy."

This is only one of the multiple high-tech approaches Digital Trends has covered to battle the effects of Parkinson's disease. Alongside deep brain stimulation, researchers have investigated how special shoes could be used to reduce symptoms, ranging from shoes with in-built laser-pointing tech to ones that incorporate robotic components.

Up to 10 million people worldwide suffer from progressive neurological disorder Parkinson's disease. Its prevalence ranges from around 41 people in 100,000 for those in their forties to upward of 1,900 people in 100,000 for those aged 80 or over.



Free online educational webinars designed for people living with PD, care partners & health professionals.

Past Webinars On Demand: Watch one of our past webinars at your convenience. Topics include Marijuana and PD, Understanding the Progression of PD, Fatigue, Sleep Disorders and PD and more!

www.parkinson.org/Living-with-Parkinsons/Resources-and-Support/PD-ExpertBriefings-Webinars

Not online? Contact the Helpline to order DVDs. 1-800-4PD-INFO (1-800-473-4636).

Lending Locker Point of Contact!

Rich Sauvain has generously volunteered to run the CPF lending locker with Julie Pfarrer as his backup. All members of our organization are eligible to borrow any donated equipment that is stored in the CPF lending locker with the understanding that these are used, donated pieces of equipment and no claim is made as to the safe operational state of the equipment. The borrowers assume all responsibility for examining borrowed items for potential defects, for the safe operation of these items and reporting any problems or damage that occur during their possession of borrowed equipment to the representative of the CPF who signed out the items to them. Rich's contact number is [REDACTED] The following list of equipment is currently available to borrow.

Available Equipment	#
Bed canes	3
Bed pan	1
Bedside toilet	4
Canes	5
Double exercise pedals	1
3 wheeled walker	1
Crutches	2 sets
Swivel seat	1
Arm assist for wheelchairs	1
Suction cup handrail	1
Knee splint	1
Arm splint	1
Back brace	1
Lumbar traction belt	1
Pickup assist	4
Shower chairs	8
Raised toilet seats	4
Transport wheelchair	1
Tub rail	1
Walker with wheels and seat	3
Wheelchairs	3
Hospital Bed	2

New Research suggests that CBD may be an alternative treatment for patients with Parkinson's and anxiety.

By the Fresh Toast

If you or a loved one suffers from Parkinson's disease, you might be encouraged by a new study out of Brazil, which found that CBD can calm nerves in anxiety-inducing situations – specifically symptoms surrounding this debilitating disorder.

Previously, the Brazilian researchers had discovered that CBD increased the emotional wellbeing and quality of life for Parkinson's patients. This time, the team wanted to better understand how CBD could affect anxiety associated with Parkinson's.

For the study, which was published in the Journal of Psychopharmacology, researchers recruited 24 Parkinson's patients. Half were given 300 milligrams of CBD, while the other half received a placebo. While monitoring blood pressure, heart rates, and tremor frequencies, scientists administered a Simulated Public Speaking Test (SPST) 90 minutes after the CBD dose (this model has been used for several decades in testing anxiety symptoms in subjects.) those patients who received CBD had significant reductions in anxiety and tremors.

These observations suggest that CDB may be an alternative treatment for patients with Parkinson's and anxiety," the researchers wrote. "Thus, the chronic administration of CBD could be tested in future studies."

The study represents the first randomized, placebo-controlled clinical trial that focuses on how CBD affects anxiety in Parkinson's patients. Johns Hopkins University reports that up to 40% of Parkinson's patients have anxiety. As researchers wrote in the study, many patients are given pharmaceutical medication to treat anxiety symptoms, which can have various side effects, including tremors and impaired cognition.

However, the researchers wrote, it is "not possible to conclude whether CBD had a direct effect on the amplitude of the tremors or whether the reduction in anxiety levels led to the differences observed." This study will likely inspire more research into how CBD affects Parkinson's patients. In addition, it's a positive development for patients looking for a more natural replacement to pharmaceuticals in the future.

New Research Gives Further Evidence That Autoimmunity Plays a Role in Parkinson's

Nature Communications via MedicalXpress

A new study co-led by scientists at the La Jolla Institute for Immunology (LJI) adds increasing evidence that Parkinson's disease is partly an autoimmune disease. In fact, the researchers report that signs of autoimmunity can appear in Parkinson's disease patients years before their official diagnosis.

The research could make it possible to someday detect Parkinson's disease before the onset of debilitating motor symptoms – and potentially intervene with therapies to slow the disease progression.

The study, published in the April 20, 2020, issue of Nature Communications, was co-led by LJI professor Alessandro Sette, Dr. Biol. Sci., and Professor David Sulzer, PhD, of the Columbia University Medical Center.

Scientists have long known that clumps of a damaged protein called alpha-synuclein build up in the dopamine-producing brain cells of patients with Parkinson's disease. These clumps eventually lead to cell death, causing motor symptoms and cognitive decline.

"Once these cells are gone, they're gone. So if you are able to diagnose the disease as early as possible, it could make a huge difference," says LJI research assistant professor Cecilia Lindestam Arlehamn, PhD, who served as first author of the new study.

A 2017 study led by Sette and Sulzer was the first to show that alpha-synuclein can act as a beacon for certain T cells, causing them to mistakenly attack brain cells and potentially contribute to the progression of Parkinson's. This was the first direct evidence that autoimmunity could play a role in Parkinson's disease.

The researchers also did an in-depth analysis of one Parkinson's disease patient who happened to have blood samples preserved going back long before his diagnosis. This case study showed that the patient had a strong T cell response to alpha-synuclein ten years before he was diagnosed with Parkinson's disease. Again, these T cells faded away in the years following diagnosis.

"This tells us that detection of T cell responses could help in the diagnosis of people at risk or in early stages of disease development, when many of the symptoms have not been detected yet," says Sette. "Importantly, we could dream of a scenario where early interference with T cell responses could prevent the disease from manifesting itself or progressing."

Sulzer added, "One of the most important findings is that the flavor of the T cells changes during the course of the disease, starting with more aggressive cells, moving to less aggressive cells that may inhibit the immune response, and after about 10 years, disappearing altogether. It is almost as if immune responses in Parkinson's disease are like those that occur during seasonal flu, except that the changes take place over ten years instead of a week."

In fact, already therapies exist to treat inflammation from autoreactive T cells, and these TNF therapies are associated with lower incidence of Parkinson's disease. Going forward, the researchers are especially interested in using a tool called a T cell-based assay to monitor patients already at risk for Parkinson's to see if they could benefit from TNF therapies. These patients include people with REM sleep disorders and certain genetic mutations.

The researchers hope to study more Parkinson's patients and follow them over longer time periods to better understand how T cell reactivity changes as the disease progresses.

Other Local Support Groups: Due to Coronavirus concerns, check ahead to see if canceled**Parkinson's Caregivers Support Group**

All family caregivers of persons with Parkinson's are invited to come to our discussion meetings. The group meets the 3rd Friday of every month at the Care & Share building just east of Constitution and Powers from 1:30-3:30 pm.

Contact Linda Marie Shewsbury at [REDACTED]

Ladies with Parkinson's Support Group

If you are a lady with Parkinson's Disease, and would like to join the group or just get more information, contact Carla Holland at [REDACTED] or by email at president@co-parkinson.org.

Essential Tremor Support Group

The June meeting has been cancelled due to the COVID-19 virus.

The next meeting is 18 July 2020.

Hope to see you then.

The Pikes Peak Library District - Monument

Jim Sanchez/ET Support Group Co-Leader
719-660-7275

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 John Farley by email: robun2good@gmail.com or

Sybile Kraft at (719) 488-2669.

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

The Unsteady Hand has created Creativity Labs to provide an outlet for creativity and community for people with Parkinson's and their care partners, friends and family. With the artistic process, we can feed the creative soul, work on fine motor skills and, done as a group, we can create an intentional community of positivity! The lab meets the first Saturday of every month at 10:30 at the Imagination Space in the Citadel Mall and the Pueblo labs meet at the Sangre de Cristo Arts Center. Lab size is limited to 10 participants with a \$5 studio fee per Lab. If you are interested you can sign up on the website: www.TheUnsteadyHand.org or contact Mo Onstad at mo@TheUnsteadyHand.org or by phone at (719) 200-8057.

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. Therapy offered includes speech/language & cognitive therapy, swallow rehabilitation and voice therapy (LSVT LOUD) an evidenced based voice treatment program designed for patients with Parkinson's disease. For more info, contact Jana Hothan, MA, CCC_SLP, LLC at slp@janahothan.com or by phone at (719) 338-8165.

June Executive Meeting*Date, Time and Location***To be determined – you will be notified by email.**

Contact Steve at [REDACTED] or president@co-parkinson.org if you haven't been to an Executive Meeting so we will know you are coming. Leave your email address so we can contact you if anything changes.

JULY/AUGUST NEWSLETTER**INPUT DEADLINE:****JUNE 24TH**

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



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

Robert Adams
Donald Ader

Penny Austin
Mark Finger
Carla Holland
Charles Kovac
Donna Kring
Mark Lekarczyk

Michael McCraley
Rusty Merrill
Suzanne Metzler
Art Moore
Dave Moross
Ronald Morris

Bill Noe
Jon Nordby
Ronald Null
Patricia Plank
Julie Rush
Larry Rush

Jean Saunders
Mary Sauvain
Daniel Skousen
Cindy Stempson
Celina Terrell

Beneficial Information for People with Parkinson's

| by Karl Stengel

This month I will provide some (relatively) easy exercises, and some more advanced. You can pick the ones that you feel comfortable doing.

Here's a two-minute video from silver sneakers on how to get up from the floor (or get down on the floor) safely. You don't have to belong to silver sneakers to watch the video. You can play the video with the sound on, or mute the video and select "CC" for closed captions. You can pause the video if you need to, to see how the instructor does things. She also describes some exercises you can do to help you get better at getting up and down from the floor.

Basically, she performs a lunge, with

one knee touching the floor, puts her hands on the floor, and rolls over. She reverses the motions to get back up.

<https://www.silversneakers.com/blog/getting-up-and-down-from-the-floor-safely>

The second video is a sitting workout from PDonthemove (which I mentioned in the April newsletter). To get to this video, go to:

https://pdonthemove.com/start/workout?tid=All&tid_1=All&tid_2=11, then choose "sitting workout 10". He uses a ball starting at 3 minutes into the video, but you can just hold your hands together if you don't have a ball. He does some warmups, then

cardio (at about 8 min into the video). He alternates cardio and coordination exercises (the latter with a ball, but again you don't need a ball) for the rest of the video.

For more advanced exercisers, there is a video from the YMCA. The leader does 40 sec of exercise, followed by 20 sec rest, for 5 minutes. The exercises are a crawl motion, squats, pushups, planks, then straight-leg leg lifts. This five-minute video is one circuit, which I discussed in last month's newsletter. Presumably you would do five or six circuits. The video is at:

<https://ymca360.org/on-demand/category/85/videos/90>.

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

Ormao Dance Company Invites you to Dance for Parkinson's Live Streamed Class

Dance for Parkinson's—Keep Moving! Each Fri at 11am until further notice It's free and just requires internet access, a computer, iPad or smart phone to connect to the zoom website. There will be a new Zoom Meeting each week. Go to the <https://co-parkinson.org> event calendar each week for a new link. Contact Laura Treglia at 719-640-8478 for more information

Look forward to moving with you!

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.

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

PWP: Parkinson's With Poles

Come join Emily Moncheski and Eileen O'Reilly for a great exercise workout at Monument Valley Park. Every Friday, 9 am at the north parking entrance of Fontanero and Culebra streets. Poles are provided. Everyone is welcome.

Max Capacity NeuroFitness

Max Capacity is offering PWR Boot Camp classes, donation based Power Punch Boxing, pole walking classes and individual PD specific fitness training. All PD Boxing classes and PWR BootCamp classes have moved to: 731 Iowa Ave. in Otis Park. 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 for info.

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.

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 – Mon & Wed, 3 pm - 4 pm and Pedaling – Tues & Thur, 11:15 am - 12:15 pm

Garden Ranch Y: PWR!Moves – Mon & Wed, 11:15 am – 12:15 pm; Fri, 1:10 pm – 2:10 pm

Downtown YMCA: PWR!Moves – Mon & Wed, 1:15 pm – 12:15 pm For more info, call 719-329-7233 or email jclayton@ppymca.org
Briargate YMCA: Ping Pong — Playing times are Monday, Wednesday and Friday from 1:30 to 3:30 pm. Come and join in the laughter and improve your skills. For more info contact

Kristin Woestehoff, 719-648-9593 or kgwoestehoff@comcast.net

Briargate YMCA: Boxing for Parkinson's – A non-contact boxing class based on a specific curriculum. Through rigorous exercise, emphasizing gross motor movements, balance, core strength and rhythm with positive impact on range of motion, gait, flexibility, posture and strength, this class should improve overall quality of life.

The classes will be on Tuesdays & Thursdays from 12:30 – 1:30. \$5 for YMCA members and \$7.50 for non-members. For more info contact Jamie Clayton at jclayton@ppymca.org.

NeuroRehab Project at ORA – Water and Movement Classes offers the following classes:

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.

Colorado Parkinson Foundation, Inc.

1155 Kelly Johnson Blvd.

Suite # 111

Colorado Springs, CO 80920

Parkinson's Perspective

JUNE 2020

Coming Events & Resources

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

June 13th - No Meeting this Month

If meetings resume:

July 11th - Reg Mtg at the Weber Street Center – 10 am

Program: Upcoming Study on the Effects of Nutrition on Parkinson's Disease - **Speaker:** Dr. Melanie Tidman

August 8th - Picnic at the "Barn Pavilion" at John Venezia Park!

September 12th - Reg Mtg at the Weber Street Center – 10 am **Program:** TBD

- ◆ CSPSG Caregivers meeting is the 3rd Friday of each month — Contact Charlene at [REDACTED]
- ◆ Tri-Lakes PD Support Group meets the 3rd Sat of each month — Contact Syble (719) 488-2669 or John at robun2good@gmail.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; www.parkinson.org; www.nwpcf.org; michaeljfoxfoundation.org; www.parkinsonheartland.org; <https://www.pdsself.org>; <https://www.brainhq.com/world-class-science-published-research/active-study>; www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons; <http://caremap.parkinson.org>; https://www.youtube.com/playlist?list=PLkPlhQnN7cN6dAJZ5K5zQzY84btUTLo_C; <https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>