



# 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 1st – 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 Program: Break-out Sessions

**Moderators for the Parkinsonians:** Kathleen Foster

**Moderators 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.

## FEBRUARY POTLUCK:

**RED PASTA DISHES OR OTHER "RED" FOODS  
IN HONOR OF VALENTINE'S DAY!**

If you would like to sign up to be one of the providers of a main dish or to bring a side  
dish/dessert, you can contact Bill Hicks at [REDACTED] or potluck@co-parkinson.org,  
no later than Wed. January 29th 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!**

## The President's Corner | Jill Reid-Acting President, CPF & CSPSG



So what is the Colorado Parkinson Foundation, anyway? Well, let me tell you. Several groups like the Colorado Springs Parkinson's Support Group are actually support groups that fall under the Colorado Parkinson Foundation (CPF), which is a 501c (3) not-for-profit organization. Headquartered here in Colorado Springs, CPF is an all-volunteer organization (no paid staff), and all our money, which comes exclusively from donations, goes towards such things as providing meeting venues for several support groups, providing newsletters and a lending locker, paying for transportation to and from our functions if needed, paying for our mail drop and liability insurance, paying for Neuroping equipment, Parkinson's awareness marketing PLUS we have funded eight ground-breaking Parkinson's research projects. Our head researcher was the speaker for the October meeting where she summarized the research projects that CPF has funded so far - the results have been published worldwide and are referenced in other research projects all over the world. The November newsletter had a program review of our researcher's October presentation and the amazing results of those research projects: her latest study is on-going and still open for you to enroll. You can also see the presentation on our website under 'Study' or under 'Resources'; enrollment details for the current study are under 'Study.' The Colorado Parkinson Foundation is well-known and respected in the Parkinson's research field. As you can see, donations to our parent CPF, which are tax-deductible, support our local Parkinsonians and their caregivers as well as Parkinson's research.

I shared a miraculous story at the January Colorado Springs Parkinson's Support Group, but I'll tell it again here for those of you who didn't get to the meeting. CPF's researcher, Dr. Melanie Tidman, is currently conducting a three-phased study for us. In Phase I, for eight weeks, the participants eat whatever

(Continued on page 2...)

(...continued from the cover: The President's Corner | Jill Reid-Acting President, CPF & CSPSG)

they always eat. In Phase II, they simply add 5 tablespoons of coconut oil or MCT oil to their normal diets for another eight weeks [they have to work gradually to that amount of oil]. In Phase III, they eat a strict ketogenic diet for eight weeks. Here's Dr. Tidman's miracle story, straight from the email she sent me:

*"Just a miracle story from one of our research participants. He just started Phase II 4 days ago (eating his standard diet but just adding MCT oil daily). On Day 2, he became very dyskinetic and I told him to reduce his c/l medications (he takes a huge dose).*

*"The miraculous thing is this man needed to start using a power wheelchair last summer. He could no longer walk. Today he walked around his neighborhood with his wife and dog!! He is only at 0.2 for Ketones at this point. He is still dyskinetic and needs to work a bit more on his c/l medication dosage. But he and his family were completely shocked at this result! And, he is only 4 days into the Phase II protocol!"*

For your viewing pleasure, this month's comedy is *High Road to China*, starring Bess Armstrong and Tom Selleck. These two are a great pairing, both playing strong and stubborn characters that clash both in the sky (in WWI-vintage bi-wing airplanes) and on the ground (in Turkey and China and points in between). Tom plays a WWI American ace stranded in a foreign country by the end of the war. Bess plays a rich, spoiled heiress who, trying to find her father, hires Selleck and his two bi-planes to take her to China. To this day, I quote funny lines from it, one of my all-time favorite comedies. As a bonus, it is chock full of beautiful and inspiring flying sequences (as well as a young, good-looking Tom Selleck J and oh, of course, a gorgeous Bess Armstrong).

## Program Review: January 4, 2025 | PARKINSON'S 101

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), 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 PWPs. 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 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. Problems with infections can be solved having the tubing changed out every six to twelve months. 3) Sleep Deep Brain Stimulus surgery. Until recent years, DBS surgery was done while the PWP was awake, a grueling 12-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. It treats a variety of PD symptoms: slowness, facial expression, rigidity, tremors, fine and coarse motor skills, flexed elbows and wrists, and stooped posture. It has helped with freezing, to some extent. It initially can replace the need for the medications. Some people have experienced reduced vocalization after the surgery, but this reduction can be overcome by the wonderful voice therapies available for PD. 4) ProDuodopa. Newly approved, this is a subcutaneous medication delivery system, as opposed to delivering through the intestines (see Duopa above). 5) 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](https://www.youtube.com/watch?v=rubtUI_FDT4) and watch the video that features the Australian inventor and a French neurologist. 6) The Free "Aware in Care" hospital kits, once available through the National Parkinson Foundation (1-800-4PD-INFO or [www.parkinson.org](http://www.parkinson.org)), has been replaced by a hospital safety guide. The guide contains helpful information for patients and hospital doctors alike, including the need for a PWP to get his medications on time.

There are also helpful technologies available. Voice recognition software helps PWPs 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 PWPs 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 guards, nosey cups and Squatty Potties. Plate guards fit around dinner plates and enable the PWP to push his food onto his fork or spoon. The advantage to a Nosey Cup is it is a much safer way for a PWP to take liquids. 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, bladders). By the time the first PD symptoms appear, 80% of a PWP's dopamine-producing cells have already died. PD effects every system in the body except the endocrine system that regulates hormones. B6 deficiencies are common but often left untreated. Many PWP experience orthostatic hypotension, which can be caused by PD and/or PD medication; every PWP needs to be checked for orthostatic hypotension at every medical appointment.

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 PWPs; 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. PD is a unique disorder in that it affects each person differently, with different symptoms and different speed of progression.

The primary PD medication is carbidopa-levodopa (carbalevo for short or Sine-met until it went generic a few years ago). PWPs 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, and Dr. Michael Korsmo who specializes in PD at UHealth at Anschutz in Denver. In reality, PWPs 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, click on the January 2023 presentation, and fast forward to minute 20:32. Later in 2025, the January 2025 presentation and Dr. Nirenberg's video will be in a separate tab]. 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 carbevo 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 carbevo 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 carbevo 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 carbevo appear, it may look like the carbevo 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 pre-

scribed carbevo. Adhering to a hard and fast carbevo 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 carbevo 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 carbevo 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. **You can slow the progression and avoid later stages of PD by doing two things: exercising aerobically five times a week and taking 2 ½ tablespoons of coconut oil, MCT oil, olive oil, or avocado oil twice daily** (work up to this amount very gradually).

**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 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 PWP's 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!** PWP's 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 PWP's 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.

(Continued on page 6...)



**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 7th**

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

### February CSPSG Executive Committee Meeting

February 4th @ 09:30am  
(Location: Place to be determined)

Contact Jill Reid 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 you the address. Leave your email address so Jill can contact you if anything changes.

### 🎂 HAPPY FEBRUARY BIRTHDAYS! 🎂

- |                   |                   |                    |                      |
|-------------------|-------------------|--------------------|----------------------|
| • Tom Andrew      | • Jeff Farrells   | • Amy Kennedy      | • Betty Pope         |
| • Carol Arthur    | • Kathleen Foster | • Lous Kilzer      | • Ann Ringler        |
| • Jan Atha        | • Ron Geist       | • Linda Koloski    | • Ave Sala           |
| • Patricia Beatty | • Laura Hallas    | • Liz Kovacs       | • Timothy Stuehmeyer |
| • Elaine Ceagne   | • Debbie Herrman  | • Ann Grant Martin | • Norman Tuinstra    |
| • Jane Cole       | • Ann Jaeger      | • Cindy Page       | • Elisabeth Weston   |

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

### Potluck Favorites — Shakin' & Bakin' Cookbook

#### 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.



### Recipe of the Month: TOMATO FETA SALAD

Our low carb/good fat ketogenic study 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.**

#### Ingredients:

- |                                 |                           |
|---------------------------------|---------------------------|
| 4 pints grape tomatoes          | 1 tsp black pepper        |
| 1 ½ C small-diced red onion (2) | ¼ C chopped fresh basil   |
| ¼ C white wine vinegar          | ¼ C chopped fresh parsley |
| 6 Tbl olive oil                 | 1 ½ lbs block feta cheese |
| 1 Tbl kosher salt               |                           |

#### Directions:

- Cut tomatoes in half and place in large bowl. Cook, stirring often, for about 20 minutes or until the diced chicken is lightly browned and cooked.
- Add onion, vinegar, olive oil, salt, pepper, basil and parsley and toss well.
- Dice feta in ½ to ¾ inch cubes, crumbling it as little as possible. Stir over low heat until cheese has melted. Do not allow sauce to simmer or it will curdle.
- Gently fold it into salad and serve at room temperature.



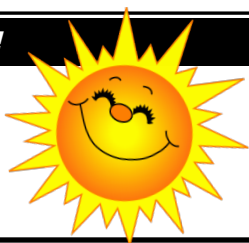
### Ask the Doctor!

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, email them to Julie, our newsletter coordinator at: db\_mgr@co-parkinson.org.

### HELP SPREAD SOME SUNSHINE TO OUR MEMBERS!

If you know of a Parkinsonian or PD caregiver that is having a tough time (illness, surgery, etc.) or one of our members has passed away, please let our Sunshine Chairman, MJ Thompson know. She can be reached by calling [REDACTED].



## 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. Kevin Scott, MD — Neurologist at UCHealth; (719) 365-7300

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

Dr. David Stevens — Neurologist at CS Neurological Associates; (719) 473-3272

Bettner Vision — Neuro-Ophthalmology Vision Therapy; (719) 282-0400

#### 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

## 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. They are the monthly on the 3rd Thursday, from 10:00-12:00 at Central United Methodist Church, 4373 Galley Rd, Colo Spgs, 80915.

We're looking for a replacement for Brenda Hicks to head up the Parkinson's Caregivers Support Group.

**If you are interested in helping out, call Brenda to find out what the position entails.**

You can contact her at [REDACTED] or [REDACTED].

**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 Conf Rm, Pikes Peak Library District; Colo Spgs Library 21c, 1175 Chapel Hills Drive. Contact Jim Sanchez for meeting dates/times/questions at [REDACTED] or [REDACTED].

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

Meets the 3rd Saturday of every month at 10am at the Monument Community Presbyterian Church, 238 3rd Street, Monument. Contact Syble Krafft at [REDACTED] or Barry Hanen-burg [REDACTED] for more information.

## Other Opportunities:

**Adult Speech Therapy:**

Outpatient speech therapy services. Personalized speech therapy for restoration of function due to illness or injury.

Treating:

*Parkinson's: Voice & Swallowing*  
- SPEAK OUT!  
- LSVT

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 her at heatherjohnson@squaremusic.co.

## PD Exercise Classes:

**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

**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

**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

**Neuroping for Parkinson's**

Table tennis for Parkinsonians who want to improve both motor and non-motor symptoms and avoid mental decline.

**WHEN:** Tuesdays & Thursdays

**TIME:** 1:00 - 3:00 p.m.

**LOCATION:** Downtown YMCA

207 North Nevada Avenue

In the Small Gym

To sign up call the front desk at (719) 473-9622

For more information contact Travis Lerma at (719) 495-5130 or tlerma@ppymca.org. Neurologicrehab.com

**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

**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

**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 Tuesday at 11:30 am and 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.

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

**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](mailto:tlerma@ppymca.org)

**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

**Neuro Logic Rehabilitation and Wellness**

One-on-one physical therapy and wellness services for people with Parkinson's Disease and other movement/neuro disorders in the comfort of their home with outpatient mobile services. We come to you, to meet you where you are in your treatment & diagnosis! Board Certified Clinical Specialist in Neurologic Physical Therapy Certified PWR! (Parkinson's Wellness Recovery) Moves Therapist

For more information, contact Ryan Mueller, PT, DPT, NCS at (719) 306-0009 or [ryan@neurologicrehab.com](mailto:ryan@neurologicrehab.com)

Neurologicrehab.com / Fax: (719) 691-7994

(...continued from page 3: Program Review: January 4, 2025 | PARKINSON'S 101)

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

**Protein vs carblevo.** Protein and carblevo 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 carblevo OR to take extra carblevo 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, PWP's don't need carblevo 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 carblevo dose or extend the time between pills. Unfortunately, some people need to be dyskinetic in order to be "on."

**Carblevo and nausea.** Nausea is a fairly common side effect of levodopa. The levodopa portion of carblevo is the dopamine replacement while the carbidopa portion is an anti-nausea drug. The amount of carbidopa in carblevo 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 carblevo 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 PWP's. 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 PWP's 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 PWP's. 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 carblevo.

**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 Neuro in Colorado Springs can treat the effects of PD on vision. Dr. Standar, 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 PWP's. Our website currently 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 PWP's. Laughter releases dopamine as well as endorphins and boosts mood. Watch funny shows and movies instead of serious ones. PWP's 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 (available in 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 because it has reverse brakes (you have to pull up on the brake handles in order to move the walker; when you release the brake handles, the brakes engage and the walker stops on its own), 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 PWP's and an upright walker.



U-Step



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 exercise that help:

### HELPFUL HINTS:

#### Exercise that Reduces 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 PWP's 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 PWP's to socialize. PWP's tend to isolate themselves to avoid the discomforts and embarrassment of being in public with their symptoms showing. PWP's 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 carlvevo).

**Coddling.** Don't coddle a PWP. Let him do for himself all that he can. Many PWPs 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 PWPs 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 PWPs 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.

**Getting out of bed.** Sleep on the firmest mattress that you can tolerate since getting off a soft mattress is difficult. Bed canes are also useful, as long as they have long straps that reach from one side of the mattress to the other so the cane is strong and secure.

**Putting on coats without help.** Drape your coat over the back of the chair exactly as if you had taken the coat off while seated in that chair. Then, while seated, put your arms in the arms of the coat and raise your arms so the jacket moves onto your shoulders.

**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 PWPs to attend our support group meeting, where they will be with other PWPs 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.

PWPs, 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 Central United Methodist Church 4373 Galley Road on the first 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](http://www.co-parkinson.org), for links to other helpful websites and YouTube presentations.

### ONE LAST THOUGHT:

POSITIVE ATTITUDES AND HUMOR HELP EVERYONE!

### Swallowing Exercises

The following exercises will strengthen the throat muscles and help prevent choking and aspiration (the leading cause of death for people with Parkinson's).

**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.

10 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

### SAD NEWS



James Brian Miller, MD passed away peacefully on December 22, 2024. Dr. Miller, lovingly known as Brian, "Doc," or "JB," was born in 1938, in California where he began his undergraduate studies at the University of California in Santa Barbara before transferring to UCLA, where he completed his bachelor's degree and met Marilyn, who became his life partner. Brian entered medical school at the USC, with a one-year hiatus to earn a PhD in primate genetics at Uppsala University, Sweden. He graduated from USC medical school in 1965, and joined the US Air Force. He interned at Andrews Air Force Base in MD, completing his residency and fellowship in cardiology at Lackland Air Force Base in

San Antonio, TX. After deploying to Vietnam in 1971, he was assigned to the US Air Force Academy Hospital in 1972. In 1976, Brian left active duty but remained in the Air Force Reserves, while establishing his private practice in Cardiology. He retired as a full Colonel with 30 years of service.

His medical expertise did not transfer to home repairs, however. He was a man who never shied away from a project, even if the results were unconventional! His interests spanned reading, biking, skiing, camping, horseback riding, and ice hockey. Brian and Marilyn loved traveling and experiencing the world together and treasured their friends, both near and far, as they maintain life-long connections. Brian's pace slowed in 2006 with the diagnosis of Parkinson's disease.

Brian is survived by his wife of 63 years; his brother and sister; 3 children, Eric, Kirk, and Lisa; and six grandchildren. His pride in all of them cannot be measured. The family is filled with gratitude for a life lived fully and finished well.

A Celebration of Life will be held March 13, 11am at the Pinery on the Hill. In lieu of flowers, please consider a contribution to the Colorado Parkinson Foundation, Inc., [www.co-parkinson.org](http://www.co-parkinson.org).

**Colorado Parkinson Foundation, Inc.**

1155 Kelly Johnson Blvd.

Suite # 111

Colorado Springs, CO 80920

**PARKINSON'S PERSPECTIVE**

**FEBRUARY 2025**

# Coming Events

See inside for more information

**February 1st - Reg Mtg** at Central United Methodist Church – 10 am;  
**Program:** Break-Out Sessions; Caregivers & Parkinsonians separate into different rooms to talk

**March 1st - Reg Mtg** at Central United Methodist Church – 10 am;  
**Program:** Scam Prevention; **Speaker:** Scott Mathis, Colorado Springs Police Department

**April 5th - Reg Mtg** at Central United Methodist Church – 10 am;  
**Program:** TBD; **Speaker:** TBD

**May 3rd - Reg Mtg** at Central United Methodist Church – 10 am;  
**Program:** TBD; **Speaker:** TBD

**June 7th - Reg Mtg** at Central United Methodist Church – 10 am;  
**Program:** TBD; **Speaker:** TBD

***More useful websites:***

<https://parkinsonsnewstoday.com>; [www.parkinsonrockies.org](http://www.parkinsonrockies.org); [www.parkinson.org](http://www.parkinson.org); [www.nwpcf.org](http://www.nwpcf.org); [michaeljfoxfoundation.org](http://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](http://www.davisphinneyfoundation.org/living-pd/webinar/videos/cognitive-nonmotor-symptoms-parkinsons); [www.parkinsonheartland.org](http://www.parkinsonheartland.org);  
<https://www.pdself.org>; [https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo\\_C](https://www.youtube.com/playlist?list=PLkPIhQnN7cN6dAJZ5K5zQzY84btUTLo_C); [pmdalliance.org](http://pmdalliance.org);  
<https://www.michaeljfox.org/foundation/news-detail.php?self-care-tips-for-parkinson-disease-caregivers>