**MISSION**

Our mission is to enhance the quality of life for people with Parkinson's disease, their families, and caregivers in our communities throughout Missouri and southern Illinois, and to provide funding for ongoing Parkinson’s disease research.

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**NEWSLETTER DISCLAIMER**

“The information and reference material contained herein concerning research being done in the field of Parkinson’s disease and answers to readers’ questions are solely for the information of the reader. It should not be used for treatment purposes, rather for discussion with the patient’s own physician.”

**PARK PLACE**

For an avid Monopoly player, those two words must conjure up the most expensive real estate on the game board, short of Boardwalk. But for a Parkinson patient, rather than suggest a financial worth, those two words should suggest an even more valuable site. My husband, Karl, suggested we add an “e,” PARKE PLACE, but I don’t particularly like the reference frequently used by patients themselves, Parkie, so I would never add an “e,” silent or otherwise.

Prior to the Greater St. Louis APDA Board of Directors conducting an extensive property search, under the direction of 40-year commercial real estate veteran and new Board member, John Basilico, and just a week before the final vote, the Parkinson Research Foundation, located in Sarasota, FL, sent out an e-blast announcing PARKINSON PLACE coming soon. “Evidence-based programs designed to empower, educate, and energize patients and caregivers through every stage of the disease process” will be available, and membership is free.

Our St. Louis PARK PLACE is located at 1415 Elbridge Payne, Suite 150, in Chesterfield, accessible through the main doors and, will also provide a “new and unique destination spot,” all under one roof. We will have group participation programs including the Chesterfield support group, For Caregivers Only support group, chair-exercise program, LOUD Crowd-Voice Aerobics, Wellness Course, Tai Chi, Adult Children of Parents with Parkinson's support group, PD101, and Caregiving 101. It will also be home to our support group facilitator training classes, training for agency personnel caring for Parkinson patients, committee meetings, fundraising activities, auction basket assembly, and other special events. Members of the APDA Information and Referral Center staff, Board members, along with other volunteers, will staff the center Monday through Friday, 7:30 a.m. – 4:00 p.m. and be available to answer questions, assist you in the resource library, or on an internet search. We will still have a presence at Washington University School of Medicine, Movement Disorders Section, our host institution. Webinars and archived PEP meetings will be available for viewing during office hours or by appointment. Our resource library room will contain many recent publications, CDs, DVDs, books, community resources. The majority of our large equipment lending loan closet will still be located off-site; however, smaller, adaptive equipment will be available at no charge from this location. Our large lecture programs will continue to be held in venues which can accommodate the 500 people who regularly attend these quarterly presentations.

Recalling the words from the movie, “Field of Dreams,” if you build it they will come, I encourage you to drop by and visit. More information will be available on our website, www.stlapda.org. PARK PLACE – a new and unique destination for those impacted by this disease. Patients, families, care providers, professionals, and others interested in learning more about Parkinson disease and supporting our mission are all invited to stop in. Looking forward to your visit! For further information, please contact us at 314-362-3299.
Recently, I have received a number of inquiries regarding PD patients who have scheduled surgical procedures and some who have required emergency surgery. Special consideration must be given to the PD patient that requires any type of surgical intervention. The physical and emotional stress that surgical procedures can impose impacts PD management. Foreknowledge of potential problems may preclude their development.

In the following paragraphs, I have chosen a question and answer format using actual questions posed by patients and their families, as well as by physicians. The selected questions will also address potential complications seen in PD patients that undergo any surgical procedure.

Q. When should PD medications be discontinued before surgery, and how soon can they be restarted after surgery?
A. PD medications should be continued as close to the surgical procedure as possible. This is typically about three hours before the procedure, allowing the patient to remain as comfortable as possible. There is no longer a need to discontinue MAO-B inhibitors (particularly Azilect®) before surgery as this class of medicine has been shown to be safe with anesthetics and most pain medicines. The only contraindicated pain medicines are meperidine and tramadol. To date, there have been no negative interactions documented with MAO-B inhibitors and pain medicines. Following surgery, PD medications should be restarted as soon as the patient can safely swallow. Unfortunately, there are very limited number of effective dopaminergic drugs that can be administered by routes other than orally. The exceptions to this are Apokyn®, Cogentin®, and Zelapar®. Apokyn® is an injectable dopamine agonist and is the most efficacious of the previously mentioned drugs, but must be used with caution in the post-operative period (especially if an effective dose has not been established pre-operatively) and only if an anti-emetic is used concurrently. In most cases, if a patient is recovering from gastrointestinal surgery that requires l-dopa, I recommend giving medications via nasogastric tube with suction off and the tube clamped.

When the Parkinson Patient Needs Surgery
Michael Rezak, M.D., Ph.D., Director, Movement Disorders Center, Neurosciences Center, Central DuPage Hospital

Recently, I have received a number of inquiries regarding PD patients who have scheduled surgical procedures and some who have required emergency surgery. Special consideration must be given to the PD patient that requires any type of surgical intervention. The physical and emotional stress that surgical procedures can impose impacts PD management. Foreknowledge of potential problems may preclude their development.

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Brook Dubman, a Director on the APDA Board, regretfully resigned his position in late June due to increasing business demands at Carol House Furniture, serving on other boards, and having a need for time with his wonderful family who share Brook with so many charitable organizations. He had served as a Director on our Board for over 16 years. Brook has assured us that he will continue to lend his name to the Nat
Finally, a rare, but potentially life threatening condition known as neuroleptic malignant syndrome (NMS) must be a concern whenever dopaminergic drugs are stopped abruptly. In NMS, mental status changes, rigidity, tremor, fever, and autonomic instability can have serious consequences. If recognized early, treatment can be lifesaving.

**Q. Should a PD patient do anything special pre-operatively to maximize the possibility of a good recovery?**

**A.** Of course, obtaining general medical clearance prior to surgery is the standard of care. This allows for correction of any problems before the surgical procedure. Additionally, I recommend that some patients undergo a formal video fluoroscopic swallowing evaluation, as well as obtain pulmonary function tests so that baseline measurements can be obtained and appropriate planning for potential post-operative difficulties be instituted. Also, it is important to stop any prescription or over-the-counter medications that increase bleeding such as Coumadin®, Plavix®, aspirin, vitamin E, Gingko Biloba, etc. Maintaining good hydration and appropriate nutritional status, as well as optimizing overall physical conditioning, will maximize the potential for a good and smooth recovery.

**Q. What medications should be avoided following surgery?**

**A.** Needless to say, all drugs that block dopaminergic transmission need to be avoided. Post-operative nausea and vomiting are extremely common, and medications such as Reglan®, Compazine®, and Phenergan® are considered first-line medications to treat this problem. Because of their interference with dopamine transmission, they will certainly worsen PD symptoms and should therefore be avoided. If treatment for nausea and vomiting is needed for the PD patient, the drug of choice is Zofran® or alternatively Tigan®. These drugs do not interfere with dopamine function and can be given intravenously or orally.

Post-operative confusion and agitation are another situation where dopamine-blocking agents are often employed. The older neuroleptics such as Haldol® and closely-related drugs should be avoided. The newer, so-called, “atypical neuroleptics” such as Abilify®, Risperdal® and Zyprexa® may also have a deleterious effect on motor function in PD patents. The drugs of choice for the treatment of post-operative delirium are Seroquel® and Clozaril®. They are effective and have minor impact on PD symptoms. Seroquel® is easy to use and is considered the best option for the PD patient.

In general, when the PD patient needs hospitalization, multiple copies of the medication schedule with exact times of administration should be supplied to all of the physicians and nurses involved in their care. Upon arrival at the hospital, a discussion of PD and the importance of proper medication administration should take place with the staff. If possible, an advocate (e.g., spouse, child, caregiver) should be assigned with the task of assuring that medications are given on time and in the correct doses.

In closing, I hope that through these questions and answers I have emphasized that “micro-managing” the PD patient before, during, and after a surgical procedure decreases the risk of complications and increases the likelihood of a good and full recovery. As always, it is important for the PD patient to be his or her advocate in assuring that all of the details are in order.
Within about four days, he was back in the hospital, the discharge planner suggested he be sent to a skilled nursing facility for rehabilitation. The skilled nursing facility was lovely and had the services he needed. However, because of my client’s special circumstances, he needed a higher level of attention than the staffing ratio allowed. Within about four days, he was back in the hospital to get treatment for inflammation in his legs (and more intravenous antibiotics to treat his recurring infection). After several more days in the hospital, the discharge planner suggested my client be sent back to the skilled nursing facility. At that point I decided that a safe, familiar environment with one-to-one assistance would be a better choice. So, we arranged for my client to go home with the support of a multi-disciplinary care team (visiting nurse, physical therapist, non-medical care provider, and care management).

Professionals have been talking for some time about how to protect patients during their transition of care from one care setting to another (i.e., from the hospital to a rehab facility, from a rehab facility to home) in order to stop the “revolving door” of multiple hospital readmissions. As you might imagine, there are risks of:

- “Poly-pharmacy” (too many prescription medications, too many changes and instructions, or too many doctors who have prescribed medications)
- Non-compliance with prescribed treatments
- Inadequate staffing support for those who are frail and prone to infections or those who have confusion or short-term memory loss
- Poor communication and misunderstandings about warning signs and adverse effects

“Patients face significant challenges when moving from one care setting to another within our fragmented health care system. As currently structured, the U.S. health care system does not meet the needs of many patients during transitions between health care settings. The system's problems have culminated in medical errors and gross mismatches of health care resources to needs” (MR Chassin, JAMA, 1998).

Several studies recently have shown that lack of knowledge about one's health, the lack of appropriate follow-up, and miscommunication among service providers lead to serious consequences following hospital discharge. The common denominator in all the instances of care is the patient, who with sufficient knowledge and tools can proactively start the conversation and interaction between providers.

There is a research-based hospital to home care transition program designed to reduce hospital readmissions, and it is most helpful to those patients who have chronic care needs. There is a wealth of information on the consumer website www.hospitaltohomecare.com that is designed for patients and their families to gain access to how the discharge-planning system works in hospitals and to empower patients to know they have a choice as to where they receive care once they are released from the hospital.

The following tips can help patients and their families plan effectively for discharge and recovery:

- Understand your care options prior to discharge. If you prefer to recover at home, make your

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FROM HOSPITAL TO HOME
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- Feelings known to the discharge team.
- Write a list of your prescription drugs, over-the-counter drugs, supplements, and vitamins, including your regular dosage and medication times. Make sure the medical team is aware of any drugs you were taking prior to hospitalization to prevent unintended complications.
- Obtain a list of home-medical equipment, such as a walker or hospital bed, to facilitate your recovery at home. You should plan to acquire and install this equipment prior to discharge.
- If you require regular therapy, testing, or medical checkups, write down a schedule of your appointments, including contact information for each.
- Ask the staff to demonstrate any tasks that require special skills, such as changing a bandage.
- Ask your discharge team about common problems for patients with your health condition, what you can do to reduce your risk, and what you should do in the event of emergency.
- Understand your physical limitations and areas where you need support. For example, you may have mobility issues after discharge that will prevent you from safely walking around the house or running errands.
- Ask to speak with a social worker if you have concerns about coping with your illness. A social worker can provide you and your family with information on managing your illness, support groups, and other resources.
- Request written discharge instructions and a summary of your current health status. Bring this information and your medication list with you to any follow-up medical appointments.

For a “Discharge Planning Checklist,” “Home Care Agency Comparison Checklist,” or more information about multi-disciplinary care teams, please contact Althea West by calling 636-734-6566 or emailing Althea.west@hcamo.com.

FORCED EXERCISE – USING A THERACYLE
Jim and Pam Miller, Springfield, IL

Under the Recent News section in the St. Louis APDA website, I learned about the use of forced exercise to help relieve the symptoms of Parkinson disease (PD) discovered during a bike ride across Iowa. The article, “What Parkinson’s Teaches Us About the Brain,” reported that Dr. Jay L. Alberts entered the ride with a partner and a tandem bike. His partner, a woman with PD, rode the rear position while Dr. Alberts rode the front position. After the first day’s ride, the woman, whose handwriting was characteristically miniscule and illegible, was signing her name in cursive that was legible and beautiful. Improved gait and balance were also observed.

Dr. Alberts has since used stationary tandem bikes and experienced riders as pace setters to conduct his own research. He reported a 35% improvement in symptoms over other forms of exercise. Realizing that tandem bike riding was not feasible for every Parkinson individual, Dr. Alberts sought a motorized stationary bike. A company in the Boston area, The Exercycle Company, produced such a product, a Theracycle. Incidentally, they also make a model for wheelchair pedaling.

With this knowledge, I contacted the company at www.Theracycle.com and requested further information. A packet came in the mail, and a representative soon telephoned. No one in my immediate community owned a Theracycle, but I was provided references. I chose not to call them, but my wife and I did stay in touch with the representative who was able to answer all our concerns.

Admittedly, I had not exercised regularly for some years, except for some golf in the summer months. However, this seemed like something I could do. My wife thought perhaps the Theracycle might even adjust to her smaller size, and it did. Then we had to decide in what 2’ x 4’ space the Theracycle would fit. A corner of the bedroom was the best spot.

In less than two weeks, UPS delivered the Theracycle in one box to the front door. The unit weighed 243 pounds. Some assembly was required, but the tools needed and good directions were enclosed. I summoned some younger muscles to assist me.

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Riding began the day of arrival, December 9, 2011, at the leisurely pace of 8 MPH for 15 minutes (2 miles). Riding early in the morning, it was fortunate that the motor was quiet and did not awaken my wife. Each week I increased one of the variables until I achieved my current level: 13 MPH for 25 minutes and 14 MPH (92 RPM) for 20 minutes (10.5 miles).

After about four weeks, with the exception of generally feeling better, I had not noticed a great improvement in PD symptoms. However, my wife thought that I was much more alert and communicated more because I was less drowsy. Early on Tuesday morning, January 12, 2012, I WALKED (not shuffled) down the hall to the kitchen, unlike previous mornings! This was before I took my morning Parkinson meds. My wife has added that I seem to have more energy all the time, although we are sure the unseasonably warm winter days have had some influence.

Is the Theracycle expensive? YES. Does it deliver results? It does for me. Do I recommend the Theracycle? Yes, but only you can make a decision to invest in one.

Jim’s wife, Pam, inquired about Jim’s handwriting, since a change in handwriting was something that was noted immediately with the tandem-riding experiment. Today, Jim finished his ride after breakfast and Pam asked him to work on the daily crossword puzzle (his “must do” morning routine). It was when Pam was unsure of her answer and wrote micro letters in the boxes that she saw that Jim’s printing in the other boxes was now legible and larger in size. Before, his D’s looked like O’s and all the letters were not easily recognized.

Will improvement last? Usually the benefit of exercise ceases if the practice stops. On Thursday, March 29, this year, we flew to California for a short visit with our son and his family. Jim was back in the groove – riding his bike before breakfast at his same pace. April 9th marked the four-month anniversary of Theracycling for Jim. Except for a slight lapse when traveling for five days, his PD symptom improvements remain and his blood pressure is perfect.

Pam adds, “This was the right decision for us because I have never had to ask or remind Jim to exercise. He has developed a healthy, new habit on his own. It’s great to see him spending less time mourning his old life and more time embracing the present.”

Note that other webinars have been archived on the National APDA Young-Onset website, This exciting video and audio library captures presentations from many of the experts on Parkinson’s disease:

http://www.youngparkinsons.org/how-we-can-help/webcasts-and-podcasts

For those of you seeking ways to track your Parkinson symptoms, Julie Sacks, Director of the APDA National Young-Onset Center has provided useful links: Parkinson’s Well-Being Map. This pharmaceutical company-based tool is available for people to print or complete online (http://www.parkinsons-voices.eu/well-being-map/uk). Since it comes out of the UK, some of the medications listed are not available or commonly used here in the U.S.

There is also another site, Patients Like Me (http://www.patientslikeme.com/user/signup?simple=false). This project is primarily about aggregating symptom data (which may or may not be reliable-somewhat controversial). However, in the process of gathering that information, it allows patients to create and update symptom profiles over time.
It is now well known that Parkinson’s Disease (PD) is not strictly a disease of the elderly – it can impact young and middle-age adults as well. For all age groups, driving is one of those important functional activities that allow us independence and the ability to stay connected in the community. Driving, while very important to one's independence, is also a public-safety issue – especially when a medical condition exists. Being aware of the changes that can occur with various medical conditions, how these changes can impact driving safety, and using good judgment regarding one's own driving ability are important in determining who is fit behind the wheel.

PD is commonly known as a disease that affects movement and motor function. It is widely recognized that in addition to the motor symptoms of PD, there can also be vision, cognitive, and perceptual changes – especially as the disease progresses. The non-motor symptoms that are most common in PD include reduction in contrast sensitivity in vision, difficulties in proprioception, and difficulties with cognitive functioning. All of these non-motor areas have the potential to greatly decrease driving safety in the following ways:

1. **Decreased contrast sensitivity**: Limited contrast sensitivity affects the ability of an individual with PD to detect visual stimuli in low contrast environments – such as pedestrians in crosswalks on a dark or foggy day. Results of a recent study confirmed that drivers in low contrast conditions with PD displayed less control over their vehicle, had slower responses to hazards, and committed more safety errors than those without PD.

2. **Decreased proprioception**: Proprioception refers to the sense of knowing where one’s body in space is and can decline as part of normal aging as well as with PD. While evidence with driving is lacking in this specific area, difficulty with positioning the foot correctly on the gas or brake pedal could be a hazard with decreased proprioception.

3. **Difficulties with cognitive functioning**: Evidence is showing that cognitive changes do occur as PD progresses – and these changes can include decreased attention, memory, problem solving, planning, visuospatial abilities, and decision making (e.g., executive function). Reports from driving studies are indicating that individuals with PD (especially those with cognitive changes) have been found to be less safe drivers – resulting in more driving errors during driving studies.

While many persons with PD (especially those in the early stages) remain safe drivers, it is very important to be aware of the possible changes that can occur as the disease progresses. Especially in relationship to driving and PD, the cognitive and perceptual changes appear to be more related to driving safety than the motor symptoms. Being aware of the changes in these cognitive abilities is a positive indicator in remaining a safe driver. For example, if an individual is aware of the cognitive changes, he or she might be more likely to adapt their driving accordingly, such as not driving in low light conditions, driving only in familiar areas and during less traffic conditions. On the other hand, if a driver with PD is not aware of the cognitive changes that were occurring, he or she would continue to drive in demanding conditions likely beyond his or her current abilities.

**The Driving Assessment Process**

Often families and individuals have difficulty assessing driving safety objectively. Indications of driving difficulties can include, but are not limited to a recent history of accidents/tickets, difficulties maintaining good lane positioning, delayed responses to traffic lights or planning for what lane to get into, difficulty deciding when it is safe to make a turn, relying on non-drivers in the car to help with decision making, and getting lost while driving.

If you, your family member, or physician are concerned about your driving safety, it is advisable to seek a driving assessment which is provided by an occupational therapist driving specialist. These assessments usually take a few hours and include in-depth clinical testing of vision, sensory, motor, and cognitive functions. In addition, the continued on next page
Driving Safely with PD

assessments involve an on-road driving assessment to judge how well an individual's driving ability is in real traffic conditions. These on-road assessments are done in a driving evaluation car (with a passenger side brake for safety). The road assessment usually begins in a parking lot and progresses to higher levels of traffic. The on-road driving assessment looks at how well the individual manages the car in traffic, visually attends to and scans the surroundings, maintains good lane positioning, follows the rules of the roads, yields to oncoming vehicles, and plans and makes everyday driving decisions. Once both the clinical and on-road driving assessment are completed, the occupational therapist can provide recommendations back to the individual, family, and physician regarding driving safety.

For further information regarding driving assessments and any current research studies regarding driving abilities and medical impairment that you might be eligible to participate in through Washington University School of Medicine, please call: DRIVING Connections at The Rehabilitation Institute of St. Louis, 314-658-3846.
Missouri Support Group Calendar

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<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Meeting Site</th>
<th>Day of Meeting</th>
<th>Time</th>
<th>Leader(s)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rolla</td>
<td>Phelps</td>
<td>Rolla Apartments 1101 McCutchen</td>
<td>4th Thursday</td>
<td>2:30 PM</td>
<td>Hayley Wassilik Tyler Kiersz</td>
<td>573-201-7300</td>
</tr>
<tr>
<td>South St. Louis</td>
<td>St. Louis</td>
<td>Garden Villas South 13457 Tesson Ferry Rd.</td>
<td>2nd Wednesday</td>
<td>10:00 AM</td>
<td>Jack Strosnider</td>
<td>314-846-5919</td>
</tr>
<tr>
<td>Springfield</td>
<td>Greene</td>
<td>Park Crest Baptist Church 816 W. Republic Road</td>
<td>Last Thursday</td>
<td>11:00 AM</td>
<td>Kay Meyer</td>
<td>417-350-1665</td>
</tr>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Spencer Road Library 427 Spencer Road, Room 259</td>
<td>1st Tuesday</td>
<td>1:00 PM</td>
<td>Sherrie Rieves Ann Ritter, RN</td>
<td>636-926-3722</td>
</tr>
<tr>
<td>St. Louis</td>
<td>St. Louis</td>
<td>Pre/Post-DBS Sunrise on Clayton Senior Living 7920 Clayton Rd.</td>
<td>3rd Thursday</td>
<td>1:00 PM</td>
<td>Steve Balven Stan &amp; Donna Wilensky</td>
<td>314-249-8812, 314-997-5114</td>
</tr>
<tr>
<td>Washington</td>
<td>Franklin</td>
<td>Washington Public Library 410 Lafayette Avenue</td>
<td>2nd Monday</td>
<td>6:30 PM</td>
<td>Carol Weber</td>
<td>314-713-4820</td>
</tr>
<tr>
<td>Webster Groves</td>
<td>St. Louis</td>
<td>Bethesda Institute 8175 Big Bend, Blvd., Suite 210</td>
<td>Last Friday</td>
<td>10:30 AM</td>
<td>Laurel Willis, BSW</td>
<td>314-373-7036</td>
</tr>
</tbody>
</table>

Illinois Support Group Calendar

Sponsored by the St. Louis American Parkinson Disease Association

Our Support Groups meet once a month or as noted. Support Group day and time may change periodically. For current updates on support groups and exercise classes, call the APDA Information & Referral Center or the facilitator. Information that has changed since the last LINK appears in **bold face**.
Our Exercise Classes meet once a week or otherwise as noted. Information that has changed since the last LiNK appears in bold face.

Attend one class per week at no charge, or, for $20/month, attend as many classes as you want.

<table>
<thead>
<tr>
<th>City</th>
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<th>Leader(s)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clayton</td>
<td>St. Louis</td>
<td>The Center of Clayton 50 Gay Ave., Aerobics Room</td>
<td>Wednesday &amp; Friday</td>
<td>2:00 PM</td>
<td>Mike Scheller, PTA</td>
<td>314-289-4202</td>
</tr>
<tr>
<td>Clayton</td>
<td>St. Louis</td>
<td>Tango Dance Class* The Center of Clayton 50 Gay Avenue</td>
<td>Friday starting Aug. 31</td>
<td>3:00 PM</td>
<td>Gammon Earhart, PhD, PT</td>
<td>314-286-1425</td>
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<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>St. Luke's Hospital 232 S. Woods Mill Rd.</td>
<td>Tuesday</td>
<td>11:00 AM</td>
<td>Patty Seeling, PT</td>
<td>314-205-6934</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>Gardenview Chesterfield 1025 Chesterfield Pointe Parkway</td>
<td>Thursday</td>
<td>2:30 PM</td>
<td>Faye Bienstock, PT</td>
<td>636-537-3333 ext. 204</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Aquatic Exercise Rainbow Village 1240 Dauble Lane</td>
<td>Summer session July 9-Sept. 14 Fall session Oct. 1-Dec. 7</td>
<td>2:00 PM</td>
<td>Brenda Neumann</td>
<td>636-896-0999 ext. 21</td>
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<tr>
<td>Florissant</td>
<td>St. Louis</td>
<td>Garden Villas North 4505 Parker Rd.</td>
<td>Tuesday &amp; Thursday</td>
<td>10:00 AM</td>
<td>Bobby Lautenschleger, PTA</td>
<td>314-355-6100</td>
</tr>
<tr>
<td>Joplin</td>
<td>Jasper</td>
<td>The Alliance of Southwest Missouri 2914 East 32nd Street, Suite 102</td>
<td>Monday</td>
<td>2:00 PM</td>
<td>Nancy Dunaway</td>
<td>417-623-5560</td>
</tr>
<tr>
<td>South St. Louis</td>
<td>County</td>
<td>Garden Villas South 13457 Tesson Ferry Rd.</td>
<td>Monday</td>
<td>11:30 AM</td>
<td>Mike Scheller, PTA</td>
<td>314-289-4202</td>
</tr>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Barnes-Jewish St. Peters Hospital Ste. 117</td>
<td>Every Tuesday except 1st Tuesday</td>
<td>11:00 AM</td>
<td>Holly Evans, COTA</td>
<td>636-916-9650</td>
</tr>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Aquatic Exercise St. Charles YMCA 3900 Shady Springs Ln.</td>
<td>Summer session July 9-Sept. 14 Fall session Oct. 1-Dec. 7</td>
<td>2:00 PM</td>
<td>Brenda Neumann</td>
<td>636-896-0999 ext. 21</td>
</tr>
<tr>
<td>Lake Ozark</td>
<td>Camden</td>
<td>Lake Ozark Christian Church 1560 Bagnell Dam Blvd.</td>
<td>Monday</td>
<td>4:00 PM</td>
<td>Alice Hammel, RN</td>
<td>573-964-6534</td>
</tr>
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</table>

* MUST CALL TO ENROLL

**7th Annual “Hull of a Race”**

The Mark Twain Area Parkinson Support Group’s first 5K race was held in August of 2006. Over the six years of this race, more than $30,000 has been raised and contributed to the National APDA for researching the cure for Parkinson’s. The Support Group will hold the 2012 race on Saturday, August 18, in Downtown Park, Hull, Illinois. Registration starts at 7:00 a.m. for the 8:00 a.m. event, but you may pre-register for a reduced fee.

Significant improvements have been made to the race. This year, there will be an additional timer for runners to see at the finish line; a 10K race has been added; there is course certification for both courses for the serious participants; and this year — chips will be used for timing. The half-mile “Fun Run” for children under 12 has been a consistent attraction and completes the run at the conclusion of the other two races. There were over 200 participants in the race last year.

Contributions raised will be donated to the APDA, National Headquarters, Staten Island, NY, for research. For more information, or to pre-register online, please visit the event website: www.hullofarace.com.
Tributes & Donations

Tributes are a wonderful way to acknowledge the memory of a beloved person as well as honor those who mean so much to you. Tribute envelopes can be obtained from the Center 314-362-3299 or made directly on the St. Louis APDA website, www.stlapda.org.

HONORING

APDA Board of Directors
Stan & Donna Wilensky

The speedy recovery of
Sid Axelbaum
Fred & Joy Levin

Terry Barber
William Brennan

John Basilico
Marc Cacciarelli

The birthday of
John Basilico
Debbie Guyer

Moisy Bass
The Bruchhauser family

The special birthday of
Rebecca Bruchhauser-Farris
Debbie Guyer

The 2nd birthday of
Ben & Charlie Cohen
Billy & Terri Taylor

The graduation of
Andy Dalin
Phil & Sue Schreiber

Dr. Arnold Goldman
Daniel Goldman

Ralph Goldsticker
Julie, Daniel & Rachel Goldsticker

Carol Goodman
Tom & Stacey Alexander

Debbie Guyer
The Bruchhauser Family
George & Nancy Marble
Stan & Donna Wilensky

Fraternal Order of Eagles for DVD
George & Nancy Marble

The 75th birthday of Hubert
Beverly & Jerry Silverman

Re Hue Kim
Ye Hum Kim

The 70th birthday of
Harvey Koben
Harlan & Barbara Floom

Matt LaMartina
William Kiefer

The marriage of
Joe & Elisa Marchbein
Tab & Debbie Cohen
Jack & Linda Fitter
Debbie & Karl Guyer
Lee & Lynne Simmons

The special birthday of
Eleanor Markov
Randee Fendelman
Roselyn Gad

REMEMBERING

Monroe Abrams
Ralph Goldsticker
Harvey & Lee Shapiro

Arnold Amann
Shirley Ann Amann

Penelope Anagnos
Lynn Kelly
Bob & Polly Lenzen
Linda Michel
Paul & Laura Miller
Michael & Mary Muckler
Denise Winter

Allen Arenson
Ed Eisenberg

Anthony Ballmann
Steven & Lori Aholt

Mr. Hamilton
Jo Ann Treumann

Elaine Hartley
Phyllis Fresen
Carolyn Ledbetter
La Donne Neudecker
Neal Strebel
Patricia Wandling
Susan & Thomas Wessel

Marilyn Hess
Tom & Ruth Wiley

Feda Hodge
Bud & Mary Lynne
Harmon
Jerry & Sue Palmer

Larry F. Holder
Matthew & Jackie Holder

John “Steve” Isakken
Brenda & Mark O’Bryan
Glady’s Smith
Susan Weese

Margaret Jennemann
Sandra Brown
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Mark & Nancy Kodner

David Kennedy
Rose Burton & Heather Yates

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Mildred Lawrence
Glen & Margaret Lawrence

Russell Laurent
Delta Phi Chapter of Phi Tau Omera Sorority
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Carolyn Ledbetter

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Randy & Ruth Wall

Jerry Librach
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Bernard Palmer
Anne R. Baumann family

Charlie “Pop” Pattison
Frederic Kotcher

James Perrine
Bob & Pam Wallis

James Puccio
Debbie Guyer

continued on next page
Tributes & Donations

continued from previous page

Tom Raftery
Collier’s Funeral Home

John Raub
Susan Buhs

Zella Rubin
Asset Strategies Inc.
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Ava Ehrlich & Barry Freedman
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Nelly Grosswasser
Arline Kolons & Cookie Meyer & family
Christel Maassen
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Jo Ann Teumann

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St. Louis APDA Link
August 2012
We were very privileged to have John Mozeliak, GM of the St. Louis Cardinals, serve as our Honorary Chairperson again this year. You probably heard Dan McLaughlin and Mo discussing his involvement with this tournament and his very personal connection to Parkinson disease on Fox Sports Midwest and the St. Louis Cardinals radio network. No matter how you slice it, our 14th annual Nat Dubman Memorial Golf Classic was a smashing success, and we managed to dodge the rain and experience one of our gorgeous spring days on May 21st at beautiful Lake Forest Country Club. Following days of 100+ temperatures and drought, it is hard to remember our beautiful spring tournament!

Our success was due in large part to our loyal sponsors, many who support us year after year: MAJOR level sponsors: Benton Homebuilders Community Partnership and Carol House Furniture; GOLF CART sponsor: The Moneta Group Charitable Foundation; COCKTAIL RECEPTION sponsor: Steve and Lynn Hurster; BREAKFAST sponsor: Largo International; BEVERAGE CART sponsors: Catnapper, Jackson Furniture, Pulaski Furniture; DRIVING RANGE sponsor: Montage Furniture Services; and HOLE sponsors: American Drew/Lea & Hammary, A.R.T. Furniture, Don Carlson, The Commerce Trust Company, Continuum, Cooperative Home Care, Larry & Sonya Davis, The Delmar Gardens Family, Flexsteel, Grey Eagle Distributors, Guarantee Electrical, Keith & Cindi Guller, PNC, Riverside Furniture, The Rachlin Group, Serta, Shillington Box Company, Universal Furniture, and Weintraub Advertising.

CHARITABLE CONTRIBUTIONS arrived in generous proportions from the following donors: Albritton Financial Services, Norman Burnstine, Tom Cordes, Terry Donahue, Patrick Farrell, Neill Farrington, Glideaway, Ron Graiff, Mark Hulsey, Kincaid Furniture, Alan Lemley, David Link, Mike Loewenstein, Robert May, Frank Miskit, Moe’s Wholesale Inc., Bill and Shari Reller, Rick Short, Dave Simons, Fred Steinbach, Frank Thurman, Dan and Sue Touchon, Dan White, Mark White, Whitewood Industries, Jim Wilson, Dr. Allison Wright, Rusty Yost, and Marty Zygmund.

AUCTION ITEMS were donated by Autohaus (Rusty Yost), Boat House at Forest Park, Culpeppers, Dewey’s Pizza, Five Guys Burgers and Fries, Franco’s, Garden Villas South, Golf Discount of St. Louis-Manchester, Art Harper of Garland Wines, Grassi’s West, John Mozeliak and the St. Louis Cardinals, Nico’s, OB Clark’s, Pumpernickle’s Deli, Seeger Toyota (Tom Seeger), Bob and Lynda Wiers.

Caps off to these special VENDORS who willingly came out of the rough and sank the putt through these in-kind donations: Alphagraphics (Bob Sanders) for the wonderful invitations, flyers, and program booklets; Fastsigns of Bridgeton (Barry Roufa) for the wonderful signage, Paramount Apparel International (Alex Levinson) for the embroidered navy golf towels, Blackrock Asset Management (David Rentfrow) for the sleeves of golf balls for our golfers; and Golfsmith for their $10 gift cards for each golfer.

Our sincere gratitude for the delicious lunch on the course provided by Crazy Bowls & Wraps, Flemings Prime Steakhouse & Wine Bar of Frontenac, Donatelli’s Bistro of Lake St. Louis, Viviano’s Festa Italiano of Chesterfield, The Ritz Carlton of St. Louis, and Garden Villas Retirement Communities. Our generous hole-in-one sponsors Autohaus (much coveted

continued on next page
GOLF TOURNAMENT

continued from previous page

323i), and David Kodner Personal Jeweler (the 3-carat diamond). Photos were courtesy of Joanna E. Kleine Photography, who is responsible for the pictures both on our web site and in this article.

None of this could have been accomplished without the hard-working volunteers under the direction of Golf Committee Chairman Brook Dubman: Courtney Taylor Adams, Ann Cook, Elaine Dreher, Debbie Guyer, Christine Karsh, Matt LaMartina, Christine Sadler, Bob Sanderson, Sandy Steppig, Carrie Taylor, Terri Taylor, Donna and Stan Wilensky, and Marilyn Warren. A big thank you for our tireless volunteers from Scottrade who spent the day with us at registration preparing and distributing the goody bags for our golfers and on the course: Angie Fossland, Chris Foster, James Kroner, Dodie O’Malley, Jami Payne, Julie Phillip, Jen Summers, Melissa Sweet, Johnny Taylor, Gary Tittel, Nikki Wampler, and Debbie Weaver. Amazing were our auction room volunteers Sandy Steppig, Marilyn Warren, and Lynda Wiens, and Terri and Carrie Taylor, and Courtney Taylor Adams who drove the beverage cart providing beverages and snacks on the course throughout the day.

Thank you to the 92 golfers who had an awesome day on the greens, bidding on many wonderful auction gifts, feasting on the prime rib buffet, and enjoying the Question & Answer session with John Mozeliak before he headed off to the ballpark for the game. We marveled at the ease at which Matt LaMartina, auctioneer-extraordinaire, secured bids for our one-of-a-kind live auction items including an autographed Lance Berkman bat; four field box tickets with four passes for dinner in the Champions Club, and a one-of-a-kind experience-St. Louis Cardinals-baseball-like-never-before evening which included 4 box seats, 4 field passes for batting practice and a group photo on the field, a short stadium tour en route to spending the first three innings of the game in the GM’s private box. Dinner and drinks served in the GM’s box. Additional auction items included a Bubba Watson ball and photo, David Freese autographed jersey and world series ball, Tony LaRusso autographed ball and photo, T.J. Oshie autographed photo, Jarioslac autographed jersey, and an autographed Stan Musial bat.

If you would like to volunteer to join our golf committee or wish to receive an invitation for next year’s golf tourna-

Matt LaMartina, Past President, St. Louis Chapter

John Mozeliak

Bill Billings, Rusty Yost, David Dankmyer, and Chuck Hall

Useful Links

continued from page 6

See recently added links under the Recent News tab on the homepage of our website, www.stlapda.org:

• Charlie Rose interview on Parkinson’s and Huntington’s Disease
• Bill Geist interview, Keeping Parkinson’s Disease a Secret
• Dave Iverson PBS Frontline program, “My Father. My Brother and Me.”
**LSVT BIG:**
FREE INTERACTIVE SYMPOSIUM ON MOVEMENT DISORDERS AND PHYSICAL & OCCUPATIONAL TREATMENT FOR PEOPLE WITH PARKINSON DISEASE

*Crowne Plaza*
St. Louis –Clayton
Sunday, September 30, 2012

- 12:30-1:30 p.m. Lecture and refreshments
- 1:30-2:30 p.m. Interactive demonstration with LSVT BIG

RSVP to LSVT Global at 1-888-438-5788 or email: info@LSVTGlobal.com

The LSVT Programs for individuals with PD have been developed and researched over the past 20 years beginning with a focus on the speech motor system (LSVT LOUD) and more recently have been extended to address limb motor systems (LSVT BIG).

This presentation will:
1. briefly explain recent advances in neuroscience that have had a positive impact on the field of rehabilitation for individuals with PD.
2. discuss the development and data on an efficacious speech treatment LSVT LOUD.
3. describe development and key aspects of the limb motor treatment LSVT BIG.
4. briefly describe the LSVT HYBRID approach (simultaneous delivery of BIG and LOUD).
5. highlight future directions for innovative technology to enhance accessibility of treatment for all individuals with PD who can benefit.

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**APDA LOAN CLOSET**

Our loan closet, maintained at Medical West Healthcare Center, on Dielman, contains the following items which have been donated to the St. Louis Chapter. If you are in need of an item not found on this list, don’t forget about St. Louis H.E.L.P. (health equipment lending program at 314-567-4700) whose warehouse is open to those in need of medical equipment on Wednesdays and Saturdays. For further information about either of these programs, call the Center at 314-362-3299.

- Oxy-Cycle Motorized Pedal
- Foot Bath Massage
- 16x16 E&J wheelchair
- Invacare Folding Rollator
- Commode (3)
- Full Electric Bed (2)
- Semi Electric Bed (2)
- Jazzy 1143 Power wheelchair
- Jazzy 1103 Ultra
- Nova Rollator
- Pronto M71 Power Wheelchair (2)
- Jazzy 600 Power wheelchair
- Bruno Wheelchair Lift

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**REGISTRATION**
FOR APDA SUPPORT GROUPS, EXERCISE CLASSES, AND WELLNESS CLASSES

With the opening of our St. Louis APDA Community Resource Center in Chesterfield, we will be offering a wide variety of patient services (some familiar and some new), so be sure to check what is of interest to you, so we may get you scheduled into our fall line-up of classes being held at the Resource Center in Chesterfield.

Circle the programs you are interested in and you will be contacted with information and meeting dates/times/places for the fall sessions.

I am interested in learning more about the following programs:

<table>
<thead>
<tr>
<th>PD101</th>
<th>Wellness Course</th>
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<tr>
<td>Tai Chi</td>
<td>Chesterfield Exercise Class</td>
</tr>
<tr>
<td>Adult Children of Parents with PD</td>
<td>Yoga</td>
</tr>
<tr>
<td>For Caregivers Only</td>
<td>Support Groups</td>
</tr>
<tr>
<td>Dance</td>
<td>Aquatics</td>
</tr>
<tr>
<td>Exercise Classes</td>
<td>Loud Crowd/Voice Aerobics</td>
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Please return this form to the APDA Information & Referral Center, Campus Box 8111, 660 S. Euclid Ave., St. Louis, MO 63110 OR fax to 314-747-1601 OR email to guyerd@neuro.wustl.edu. Please call with any questions: 314-362-3299.
We’re excited to bring you a delightful afternoon of fashion, delicious food, and a silent auction filled with goodies and one-of-a-kind items. Proceeds from this event will be used exclusively for funding research conducted at the local Center for Advanced Parkinson Research to identify causes and ultimately a cure for Parkinson’s disease.

 Invite your family, friends, and neighbors!

 We’re thrilled to have Victoria Babu, KTRS 550 a.m. News Director, serve as our Master of Ceremonies, and to present the fall fashions from some of St. Louis’ premier boutiques. Honorary Chairpersons are Steve Hurster, President and CEO of Bohn and Dawson, and his wife, Lynn.

 Doors open for the silent auction at 10:30 a.m., the luncheon will begin at 11:45 a.m., and the fashion show starts at 1:00 p.m on October 8, 2012 at the Sheraton Westport. The cost remains $60 per person.

 Would you like to help make a big impact on this important fundraiser? Please consider becoming a sponsor. As a sponsor, you or your business will receive prominent placement in our program and on signage, plus special seating at the fashion show. Sponsorships begin at $500.

 For more information about the fashion show and sponsorships, visit www.stlapda.org or call the APDA office at 314-362-3299. If you haven’t received an invitation for past fashion shows and would like to receive one this year, please send us an email at karshc@neuro.wustl.edu or give us a call. We’ll gladly include you on our guest list. We hope you and your friends will join us to make this year’s fashion show a sweet success!