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

IN THIS ISSUE
Lessons Learned in the Bush.....2
Paper Dolls .........................3
An Apple A Day ....................4
Dental Health and PD ..........5
Delay the Disease –
Getting out of a Car ..........7
PT4PD................................8
Support Group & Exercise
Calendars...........................9–11
Documentation of Charitable
Contributions .....................11
Tributes & Donations......12–14
Optimism Events ...............14
Did You Know?....................15
Save the Date.....................16

NEWSLETTER DISCLAIMER
“The information and reference material contained herein concerning research being done in the field of Parkinson 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.”

THAT’S A WINNER!

We are proud to announce the establishment of the Jack Buck Memorial Parkinson Golf Classic. The first annual Classic will take place May 20, 2013, at a new venue, Algonquin Golf Club. Mark your calendars accordingly, and please join us in honoring a man whose own dauntless brand of charity has made him a civic institution.

Joe Buck, who also has been recognized for his charity work in the St. Louis community, embraces the idea of putting his father’s name towards Parkinson fundraising. Joe is “happy and honored” and sees the golf tournament as more than a chance to honor “a great man who had an inextinguishable joy for life.”

St. Louis Cardinals GM John “Mo” Mozeliak will serve as Honorary Chairperson for the fourth consecutive year. Mo’s Parkinson connection, as he explained it on-air last year to broadcaster Dan McLaughlin, is “twofold. My grandmother and my father-in-law were both diagnosed with this horrible disease. My grandmother was diagnosed late in life, but it was still a struggle in her final years. My father-in-law was vibrant, brilliant, and loved life. As the disease took over his body, his mind stayed strong, but he no longer could handle simple tasks that we all take for granted. ... As hard as it is to watch someone you love suffer, it is just as hard to see the toll it takes on the spouse and family.”

You, your neighbors, your children and/or other family or friends may wish to—

• receive an invitation to play in this tournament
• become a corporate or individual sponsor
• donate a gift to the auction

Help us honor Jack with a winner! The funds you generate will assist those living with Parkinson disease in our local community as well as the researchers at the Advanced Center for Parkinson Research.
LESSONS LEARNED IN THE BUSH ABOUT PARKINSON DISEASE

Brad Racette, MD, Professor and Vice Chairman of Neurology, Washington University School of Medicine

For the past five years, we have been conducting a novel research project in South Africa on the effects of manganese on the parts of the brain affected in PD. South Africa contains 85% of the world’s manganese reserves and is one of the leading exporters of manganese in the world. Manganese from South Africa is used in steel throughout the world. To conduct this study we took advantage of a South African law entitling families of deceased manganese miners to a heart and lung autopsy performed free of charge. Families are compensated if certain lung diseases are diagnosed by the pathologist. Our study takes advantage of this law by asking families of deceased manganese miners to donate the brains of the deceased manganese miner for research. The goal of this project was to determine whether chronic occupational exposure to manganese is associated with damage to the same parts of the brain as PD and if manganese miners had early PD pathologic changes. Studying environmental toxins in people exposed at work is a common way to determine the role of a toxin in PD, since it is much easier to determine a person’s level of exposure at work as compared to home exposures.

The South African manganese miner study has the potential to teach us which parts of the brain are damaged by chronic manganese exposure and may definitively link manganese to PD risk. A study like this is not possible in the US, where the life expectancies are long and most workers live decades beyond when they finish working. Moreover, there is no systematic program to obtain autopsies from deceased workers in the US. Since we began to collect brains from deceased miners approximately four years ago, we have obtained brains from nearly 60 miners and are just beginning to analyze the specimens in a subset of manganese miners and compare these to non-manganese miners. Once the brains are shipped to Washington University from our colleagues in South Africa, we perform MRI scans of the brains, a project led by Dr. Susan Criswell. Using special MRI techniques, Dr. Criswell has demonstrated in a publication in the journal Neurotoxicology that manganese deposits are throughout the brain in these workers and that manganese remains in the brain for years after exposure, contrary to previous research. This means that once manganese enters the brain, it can continue to damage sensitive structures for years. Our initial autopsy results demonstrate that astrocyte and neuron counts are lower in the same parts of the brain that we find PET abnormalities in manganese exposed welders. This is important because astrocytes are support cells in the brain that keep neurons healthy and functioning. Therefore, our study suggests that manganese toxicity may start with damage to the support cells and then neurons may start to die. This is also consistent with some theories of how neurons may die in PD and provides a potential new avenue for preventing neuron death (and disease progression) by finding ways to support the astrocytes.

While our current study does not directly study PD given the small size and focused study population, our next study will be very ambitious and will try to provide a more clear link to PD pathology by studying a much larger number of brains and by using more sensitive techniques that will require transporting brain tissue to the US very quickly after a miner dies. Thanks to APDA support, we have also begun a project to investigate the role of iron...
LESSONS LEARNED IN THE BUSH

continued from previous page

in PD by studying the effects of working in iron mines on the brain. Iron has been implicated in the pathology of PD, and this study will be the first to investigate whether workers with chronic iron exposure develop early PD pathology.

This study follows several recent studies we have published that demonstrate a potential role of manganese in the etiology of PD and as a potential disease modifier. In 2010, Dr. Susan Criswell was the lead author on a study published in the journal *Neurology* that described damage to the dopamine system, using PET imaging, in welders chronically exposed to manganese. Dr. Allison Willis is the lead author on several studies that investigate the risk of PD in people exposed to manganese in the community and the impact of community manganese exposure on PD survival. In a study published in the journal *American Journal of Epidemiology*, we described a two-fold increase risk of PD in elderly Americans living near industries that emit high concentrations of manganese into the environment, as compared to Americans living in regions with low manganese emissions. Living in a region with high industrial manganese emission may also influence disease progression in elderly Americans with PD, according to another study we published in early 2012 in the journal *Archives of Neurology*. In that study, we investigated the six-year survival of PD patients using Medicare data and found that PD patients living in regions with high industrial manganese emissions have reduced life expectancy compared to PD patients living in regions with low manganese emissions. We concluded community exposure to manganese may modulate the progression of PD in the elderly. In other words, where one lives after PD diagnosis may affect the rate of disease progression and types of disease complications that develop.

These studies show how data from varied study populations can be integrated to investigate various aspects of neurotoxins in humans. Ultimately, our goal of these studies is to understand causes of PD and, if the evidence is strong, reduce the number of new PD diagnoses by reducing environmental exposures.

One of the most unexpected findings from our recent work is the potential role of environmental factors on disease progression. If confirmed in future studies, reducing environmental exposures could play a critical role in slowing disease progression. Most importantly, our research shows the value of international collaborations to take advantage of unique opportunities to investigate neurotoxins.

**Paper Dolls**

Debbie Guyer, MA
Executive Director

Thinking back to my childhood, I can’t recall ever cutting out paper dolls, but the concept today intrigues me. The image of figures with outstretched arms touching and being connected to one another, fingers-to-fingers, is one I’d like you to ponder, as it conveys the sense that we are all interconnected. And if we are all linked, then we should be interested in helping one another. We, in fact, are all connected. Whether by having the disease, being a family member or a care provider, being an adult child of a parent with PD, or a spouse of someone suffering from Parkinson disease, we’re all in this together. Some of us are bigger stakeholders than others. But we all stand to gain if and when the researchers here and around the world find a cure.

I am pleased to report that several of you were first-time donors since our May newsletter (perhaps as a result of reading the front page article “11.8%”). Please don’t stop believing or get discouraged as time marches on. You have to know what you are treating in order to effectively know how to eradicate it. Our research is directed at finding out what causes the disease, how to measure and slow its progression, diagnose it earlier, and ultimately find the cure.

We do touch each other, and we are all connected. Consider getting involved if only to pre-empt a crisis. **Encourage your adult children to learn more about the disease.** They may ultimately become your care providers, and they will make better decisions knowing more about the disease progression. We now have *The Parkinson Journey* DVD, which is being distribut-

**Continued on next page**
In yet another example of folk wisdom ringing true, a recent publication by Harvard Medical School researchers suggests that “an apple a day keeps the doctor away.” This survey shows that the frequent consumption of apples lowers risk for developing Parkinson Disease (PD) by almost 50% (at least for the men surveyed in the study). This conclusion came from extensive investigation of lifestyle and health outcomes in almost 150,000 persons.

The observed protection against PD likely was conferred by nutritional components of fruits and berries termed flavonoids. Nutritional influences like flavonoids are just the latest addition to several recognized environmental factors influencing the risk for PD. Searching for the cause or causes of Parkinson disease has become a high-paced research endeavor in recent years. As an example of worldwide scientific productivity, the dietary flavonoid study joins hundreds of scholarly articles published on this topic in this year alone.

Almost two centuries ago, James Parkinson, a British general practitioner, described what he termed the “shaking palsy.” Today, the medical grasp on PD has progressed beyond mere description of its symptoms to abundant clues as to its origins. Nerve cells selectively lost in the Parkinsonian brain possess several vulnerabilities that might explain their gradual decline. The deleterious effects of oxygen, defective handling of worn-out cellular proteins, and impaired energy-generating mechanisms are just some of the promising hypotheses for causation; some of these ideas already have been tested in proof-of-concept clinical trials. Many researchers envision an interplay between genetic predisposition and environmental risk factors (such as the foods we eat—or fail to). Some curious findings have arisen from investigations of lifestyle choices. For example, cigarette smoking, despite its otherwise dismal influence on health,
AN APPLE A DAY…

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greatly lowers Parkinson disease risk. So does caffeine intake. Otherwise, few clues help to explain why some people are more likely to develop this disorder, which, in some ways, caricatures the elderly but clearly differs from normal aging. In fact, many persons with Parkinson disease, like Michael J. Fox, first manifest symptoms younger than 40 years. Genetic factors may have a role in those with a younger age of onset but probably not for those developing this condition at its typical age of onset (between 55-60 years) or later.

Why hasn’t modern medical research found how to avert or at least slow disease progression? One answer is that laboratory and epidemiological discoveries, like dietary effects in a population, do not readily translate into clinical treatments for PD. To test the effects of a flavonoid-rich diet as a protective treatment, for example, would take many years and thousands of study participants. However, it would be great to have a simple answer for what to do when this disorder is mild and, even better, before it develops in the first place. To accomplish further understanding of PD, however, more research funds are needed and so, let your state and national legislators know that we need their support.

It would be a nice irony if a bowl of fruit and not costly medications held promise for disease prevention. Like those Parkinson disease patients who have found that Tai Chi, tango lessons, or even more mundane forms of exercise have brought them great benefits, the scientific community also has to be aware that the next round of advances might come from unexpected directions. Until then, the regular practice of optimism, as one of my patients told me, is highly advisable.

If readers are interested in the medical article to which the title refers, it appeared in April 2012 in the journal Neurology with Alberto Ascherio as one of the authors. Dr. LeWitt’s article is appearing in the LiNK with permission granted by the author and the Michigan Parkinson Foundation, where it first appeared in the Messenger newsletter, Summer 2012.

DENTAL HEALTH AND PARKINSON DISEASE

James M. Noble, MD, MS, CPH,
Assistant Professor of Neurology at Harlem Hospital Center, Columbia University College of Physicians & Surgeons at The Neurological Institute at Columbia University Medical Center

If you or a loved one is living with Parkinson disease (PD), you are surely aware of its complexities. Among these, one that is often overlooked by both neurologists and people with Parkinson disease is dental health.

Why is it so important to address dental health issues? Poor dental hygiene can affect nutrition and increase risk for stroke, cognitive impairment, and weight loss. Parkinson disease often poses unique challenges in establishing and maintaining an effective dental treatment strategy. People of all ages with PD face similar challenges, but for those who are older, the problems can be especially serious.

Barriers to Dental Health in PD

The factors accounting for diminished dental care in PD are both physical and behavioral.

Physical Barriers

The physical symptoms of PD present challenges both for daily home dental hygiene and periodic office examinations. In 2000, David Kaplan, DDS, a retired Columbia University dentist, noted that in people with PD, “major components of oral hygiene and home care programs...require muscle-eye coordination, digital dexterity, and tongue-cheek-lip control. Tremor and the associated loss and/or lessening of the above faculties mitigate against effective oral hygiene procedures.”

Indeed, because of poor motor function, nearly half of all people with PD have difficulty with their daily oral hygiene regimen. For example, people with PD are less likely than others in their age group to clean their dentures daily.

Parkinson symptoms—such as tremor, rigidity, and abnormal posture—may make a dentist’s examination more difficult. Weakened swallowing ability can increase the risk of aspiration (choking) from some treatments typically used by dentists. Additionally, people with PD who have been on medications like levodopa for several years may begin to develop dyskinesias, which can affect the jaw (where they are called oro-buccal dyskinesias) as well as teeth grinding — both of which may create problems during dental exams and at home.

People with PD may also experience dry mouth, which can contribute to or worsen already existing chewing difficulties or denture discomfort.

Behavioral Barriers

In addition to the motor-related difficulties associated with PD, there are behavioral changes that may negatively impact dental care. These include apa-
Dental Health and PD

continued from previous page

thy, depression, and forgetfulness, all of which may lead a person with PD to pay less attention to his or her daily dental health. Other behavior changes can affect nutrition. For example, people with PD require greater caloric intake than those without PD, but some individuals will actually experience decreased appetite. This problem, combined with poor dental hygiene, often leads to a tendency to avoid nutrient-rich foods, like vegetables, which require the ability to chew well. It can also lead some people to develop a “sweet tooth” which may put them at greater risk for cavities. People with PD may also experience some level of cognitive impairment, ranging from mild to severe. This sometimes leads to a decline in the practice and effectiveness of many daily self-care routines, including dental hygiene. People who experience cognitive changes may also be more likely to miss dental appointments and less likely to report dental pain to their caregivers or dentist, meaning problems may go unaddressed for too long.

There are early signs to look for if you are worried that your own dental care, or that of a loved one, is declining. These include infrequent tooth-brushing, difficulties rinsing during daily dental care, poor denture care, and trouble sitting through meals.

Strategies for Improving Dental Care

Clearly, the sooner that attention is given to preventive dental care, the better. So what can a person with PD or a caregiver do to ensure that Parkinson disease does not stand in the way of good dental hygiene? Here are a few tips:

Maintaining Dental Care at Home

Perhaps the simplest intervention is an electric toothbrush, which provides the fine and repetitive motions that protect teeth most effectively. In some people with Parkinson disease, “one-handed preventive strategies,” which allow a person to use the stronger side of his or her body, can also be helpful. For instance, some find that caring for dentures is made easier by attaching a nailbrush to a household surface with a suction cup and then moving the denture back and forth across the brush.

Additionally, people with PD may find prescription strength, topical stannous fluoride gel treatments a good preventive strategy, both on a daily basis at home and during periodic visits to the dentist. Stannous fluoride is often used in toothpastes to protect tooth enamel from cavities, but it is also available as a gel that can be directly applied to the mouth. Since this is a much stronger treatment than that found in toothpaste, your dentist should be consulted to recommend the dosage and frequency of use.

Mouthwashes are generally discouraged for people with PD because they present the risk of choking, but in cases where they are still an option, it is best to look for those that are non-alcohol based and that use either chlorhexidine (an antiseptic) or baking soda. A good alternative is a chlorhexidine brush, which is a swab laden with chlorhexidine that you can apply to your teeth. They are available only by prescription, so you will need to consult your dentist.

Improving Dental Visits

There are several ways in which people with PD and their caregivers can improve the value of their visits to the dentist, beginning with timing them strategically. For example, it is wise to plan for early morning visits, when waiting times tend to be shorter. Additionally, it’s best to take levodopa 60-90 minutes prior to the office visit to take advantage of a peak response period, which may improve the patient’s ability to meet the demands of a dental examination. Finally, it may be helpful to plan a series of several brief office visits rather than fewer longer visits. As PD progresses, the amount of time during which a person responds optimally to PD medications will become less and less, so shorter visits may be more realistic and more productive.

Tips for Maintaining and Improving Dental Health

- Use an electric toothbrush.
- Try “one-handed strategies,” which allow you to use the stronger side of your body.
- Apply stannous fluoride gel treatments, as directed by your dentist.
- Try non-alcohol based mouthwashes using chlorhexidine or baking soda.
- Visit your dentist in the morning.
- Take levodopa (Sinemet) 60-90 minutes before your visit.
- Plan several, shorter dentist visits, rather than fewer, longer ones.

Considering Medications and Surgery

As PD progresses, motor symptoms worsen and anxiety may increase, making home dental care and routine dental work more difficult. A neurologist will often be able to help in such situations, weighing the risks of medications with the potential benefit of a dental intervention. If invasive procedures, such as tooth restoration, are indicated, these should be undertaken as early as possible in the progression of PD, to minimize risk. If general anesthesia is required for a procedure, the patient should be warned that the recovery period for a person with PD may be prolonged.

Conclusion

This informal list of suggestions to improve oral health is not comprehensive, but it offers a framework for intervention based on the best available (albeit limited) data. Thankfully, researchers with multidisciplinary interests are actively investigating links between neurologic and oral health. We hope that their findings will ultimately result in interventions that improve oral health in people living with Parkinson disease.

This article was originally published in 2011 as a fact sheet on the Parkinson’s Disease Foundation (PDF) website. It is reprinted in its entirety, with permission from PDF. For other fact sheets, please visit www.pdf.org/factsheets.
Delay the Disease – Getting out of a Car

David Zid, BA, ACE, APG, Certified Functional Fitness Trainer

Getting out of a car is difficult for most people with Parkinson disease. The seat is low and frequently hard to slide across. Our class had an open discussion of their personal struggles with this move, and we came up with a few tricks and corresponding exercises that might make it easier for you to get out of your car. Practice all of the following. These tasks will help you maneuver in a tight space, unfreeze after a period of sitting, and increase your flexibility and ability to rotate yourself out of the car seat. Good luck.

### Tips

#### Corner Trick

This trick will help you maneuver into the tight space of a car, where people frequently become frozen. Walk to a corner of a room and stand for a minute. Take a big rotational step and open your stance, making sure you are not crossing your legs as you step. Now walk out of the corner. Repeat 5 times, turning both directions.

#### Movement-Begets-Movement Trick

Many have problems moving and rotating their feet out of the car after sitting for a long time. A few minutes before you get to your destination, start moving any body parts. Roll your shoulders and move your feet or legs. This can help with the larger movement of getting your legs out of the car.

#### Window Trick

You will need a partner to perform this. If you are seated in the front passenger seat, roll the window all the way down. Open the car door and rotate yourself so that you are facing the open door, with your feet out of the car. Your partner now will close the door partially, so that the door is barely touching your legs. With both hands, grab the bottom opening of the window. Now have your partner open the door as you continue to hold on, thus pulling you out of the seat into a standing position.

### Exercises

#### Seated Side Steps

Start in a seated position on the edge of your chair with your feet flat on the floor. Using high knees, walk your feet around to the right side of the chair, rotating your head and shoulders with your legs. Using the same motion, walk your feet around to the left side of the chair. Perform 5 – 10 reps.

#### Side-to-Side Two-Leg Lift

In a seated position with your feet flat on the floor, and using both hands to hold on to the sides of the chair, pick up both knees and swing them to the left side of the chair. Then pick up your knees and swing to the right side of chair. Perform 5 – 10 reps.

#### Bicep Curls

Hold hand weights, a weighted bar, or even soup cans in each hand. Stand with your knees slightly flexed or remain seated. Keeping your elbows close in at your sides, curl weights up to chest level with your palms up. Slowly return to starting position, with control. Repeat 7 – 10 times. Now repeat the same move with your palms facing in towards your body; repeat 7 – 10 times.

#### 12-Inch Box (Advanced)

Find a 12- to 16-inch high box, step, or bench. A fireplace hearth works well. Stand with your back to this box and squat down as far as you can without touching it. Return to a standing position. Repeat 2 -5 times.
In recent years, there has been a steady increase in the number of research studies detailing the effectiveness of exercise and physical therapy for people with Parkinson disease (PD). There are numerous benefits of exercise for people with PD, including, but not limited to, improvements in walking speed, balance, quality of life, cardiovascular fitness, and overall participation in daily activities. Different modes of exercise, such as treadmill walking, high intensity cycling, strength training, walking with cues, balance exercises, dance, and tai chi have all resulted in improved physical benefits for people with PD. As such, it is important to stick with a regular program of exercise. Physical therapists can help people with PD to develop appropriate exercise programs. Therapists with specialized training in treating people with PD are preferred because the symptoms and rate of disease progression associated with PD can be very different between two people. Therefore, individualized and patient-centered treatment by a physical therapist with in-depth knowledge of PD and medical management of PD is very important.

Physical therapists can also identify a person’s risk for falling and determine who needs balance rehabilitation. People with PD fall more often than people without PD, and these falls pose devastating consequences such as hip fracture and reduced quality of life. Our recent research suggests that we can accurately predict whether or not a person with PD will fall in the subsequent six months by using standardized balance measures. The importance of this fall risk assessment should not be understated. If a person with PD is determined to be at risk for falls following this assessment, physical therapy can then be provided in an effort to improve movement and reduce the probability of future falls.

Given that exercise and fall risk assessment are tremendously important for people with PD, we at Washington University Program in Physical Therapy launched “Physical Therapy for Parkinson Disease (PT4PD)” in January 2013. Employed in this clinic are physical therapists uniquely trained to evaluate and treat people with PD, who often experience movement deficits not easily identified and treated by physical therapists without such training. The goals of this clinical service are to 1) optimize independence in all parts of life, 2) enhance mobility, 3) maintain or improve physical and functional capacity, and 4) reduce the risk of falls for people with PD. Furthermore, we can work with caregivers to help them implement safe movement strategies and support home exercise programs for their loved ones. PT4PD provides evidence-based treatments and exercise programs tailored specifically to each person’s needs. In the future, we hope to enhance access to specialized, multidisciplinary care for people with PD by developing a network of physical therapists and other healthcare professionals throughout the greater St. Louis area who are specially trained to care for people with PD.

To be evaluated by a physical therapist at PT4PD, you must first obtain a prescription for physical therapy (PT) from your neurologist or primary care physician. Prescriptions should be faxed to 314-286-1473. To schedule an appointment, call our office at 314-286-1940, or feel free to contact Ryan Duncan for further information: 314-286-1478 or duncanr@wusm.wustl.edu.
MISSOURI 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**. *Info subject to change.*

<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>
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<tr>
<td>Ballwin</td>
<td>St. Louis</td>
<td>Meramec Bluffs Care Center 40 Meramec Trails Dr., Activities Rm.</td>
<td>4th Tuesday</td>
<td>1:30 PM</td>
<td>Gayle Truesdell</td>
<td>636-923-2364</td>
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<tr>
<td>Cape Girardeau</td>
<td>Cape Girardeau</td>
<td>Cape Girardeau Public Library 711 N Clark Street Oscar Hirsch Room</td>
<td>3rd Monday</td>
<td>6:00 PM</td>
<td>Desma Reno, RN, MSN</td>
<td>573-651-2939</td>
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<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>1st Tuesday</td>
<td>10:30 AM</td>
<td>Mary Buck, Lynda Wiens</td>
<td>636-532-6504</td>
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<tr>
<td></td>
<td></td>
<td>For Caregivers Only</td>
<td>2nd Monday</td>
<td>11:00 AM</td>
<td>Dee Jay Hubbard</td>
<td>314-362-3299</td>
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<td>Chesterfield</td>
<td>St. Louis</td>
<td>Pre/Post-DBS Group, APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>3rd Thursday</td>
<td>1:00 PM</td>
<td>Steve Balven</td>
<td>314-249-8812</td>
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<td>Chesterfield</td>
<td>St. Louis</td>
<td>ACOP Support Group, APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>Thursday, February 21</td>
<td>6:15 PM</td>
<td>Debbie Guyer, Mark Hoemann</td>
<td>314-382-3299</td>
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<td>Columbia</td>
<td>Boone</td>
<td>Lenoir Community Center 1 Hourigan Drive</td>
<td>1st Thursday</td>
<td>4:00 PM</td>
<td>Patsy &amp; David Dalton, Doris Heuer</td>
<td>573-964-6534</td>
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<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Young Onset Living and Working With PD, Missouri Baptist Medical Center 3015 N. Dallas, Bldg. D, Conf. Rm. 6</td>
<td>3rd Tuesday</td>
<td>6:30 PM</td>
<td>Britt-Marie Schiller, PhD, Rich Hofmann</td>
<td>314-754-3256</td>
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<td>314-369-2624</td>
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<td>Festus/Crystal City</td>
<td>Jefferson</td>
<td>Disability Resource Association 420 B S. Truman Blvd.</td>
<td>3rd Tuesday</td>
<td>1:00 PM</td>
<td>Penny Roth</td>
<td>636-931-7696 ext. 129</td>
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<td>Florissant</td>
<td>St. Louis</td>
<td>Garden Villas North 4505 Parker Rd.</td>
<td>4th Thursday</td>
<td>11:00 AM</td>
<td>Melissa McGuire, Nancy Robb</td>
<td>314-355-6100</td>
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<td>314-869-5296</td>
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<td>Jefferson City</td>
<td>Cole</td>
<td>Capital Regional Medical Center SW Campus, Cafeteria</td>
<td>3rd Wednesday</td>
<td>3:00 PM</td>
<td>Jennifer Urich, PT</td>
<td>573-632-5440</td>
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<tr>
<td>Joplin</td>
<td>Jasper</td>
<td>The Alliance of Southwest Missouri 2914 East 32nd Street, Suite 102</td>
<td>Mondays</td>
<td>2:00 PM</td>
<td>Nancy Dunaway</td>
<td>417-623-5560</td>
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<td>Kansas City</td>
<td>Jackson</td>
<td>VA Medical Center 4801 Linwood Blvd. Hall of Heroes Room</td>
<td>3rd Tuesday</td>
<td>11:00 AM</td>
<td>Jesus Torres, Nikki C. Caraveo, RN, BSN, CNRN</td>
<td>816-861-4700 ext. 56765</td>
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<td>Kirkwood</td>
<td>St. Louis</td>
<td>Kirkwood United Methodist Church 201 W. Adams, Room 201</td>
<td>4th Tuesday</td>
<td>7:15 PM</td>
<td>Terri Hosto, MSW, LCSW</td>
<td>314-286-2418</td>
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<tr>
<td>Ladue</td>
<td>St. Louis</td>
<td>The Gatesworth 1 McKnight Place</td>
<td>2nd Wednesday</td>
<td>1:00 PM</td>
<td>Maureen Neusel, BSW</td>
<td>314-372-2369</td>
</tr>
<tr>
<td>Lake Ozark</td>
<td>Camden</td>
<td>Lake Ozark Christian Church 1560 Bagnell Dam Blvd.</td>
<td>3rd Thursday</td>
<td>Noon</td>
<td>Patsy Dalton</td>
<td>573-964-6534</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>573-434-4569</td>
</tr>
<tr>
<td>Rolla</td>
<td>Phelps</td>
<td>Rolla Apartments 1101 McCutchen</td>
<td>4th Thursday</td>
<td>2:30 PM</td>
<td>Hayley Wassilak, 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>
</tbody>
</table>
## Exercise Classes

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>
<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>St. Peters</td>
<td>St. Charles</td>
<td>The Center of Clayton 50 Gay Ave., Mind/Body 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>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>1:00 PM</td>
<td>Brandon Sunderlik</td>
<td>618-971-5477</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>Wednesday</td>
<td>10:00 AM</td>
<td>Craig Miller</td>
<td>314-362-3299</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>Monday</td>
<td>1:00 PM</td>
<td>Susan Mayer, MHSPT</td>
<td>314-362-3299</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Aquatic Exercise Rainbow Village 1240 Dautel Lane</td>
<td>Winter session</td>
<td>11:30 AM</td>
<td>Brenda Neumann</td>
<td>636-896-0999 ext. 21</td>
</tr>
<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 Healthwise Center 6 Jungermann Circle</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>Winter session</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>
</tbody>
</table>

### Missouri Support Group Calendar

*continued from previous page*
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.

<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>Alton</td>
<td>Madison</td>
<td>Eunice C. Smith Home 1251 College - Downstairs Conf. Rm.</td>
<td>2nd Monday</td>
<td>1:00 PM</td>
<td>Sheryl Paradine</td>
<td>618-463-7334</td>
</tr>
<tr>
<td>Belleville</td>
<td>St. Clair</td>
<td>Southwestern Illinois College (PSOP) 201 N. Church St., Rm 106</td>
<td>2nd Monday</td>
<td>1:30 PM</td>
<td>Jodi Gardner</td>
<td>618-234-4410 x7031</td>
</tr>
<tr>
<td>Carbondale</td>
<td>Jackson</td>
<td>Southern IL Healthcare Headquarters University Mall</td>
<td>1st Wednesday</td>
<td>1:00 PM</td>
<td>Bill Hamilton, M.D.</td>
<td>618-549-7507</td>
</tr>
<tr>
<td>Decatur</td>
<td>Macon</td>
<td>Westminster Presbyterian Church 1360 West Main Street</td>
<td>3rd Thursday</td>
<td>1:30 PM</td>
<td>Kathy Broadus</td>
<td>217-820-3096</td>
</tr>
<tr>
<td>Glen Carbon</td>
<td>Madison</td>
<td>The Senior Community Center 157 N. Main St.</td>
<td>3rd Wednesday</td>
<td>10:30 AM</td>
<td>Marilyn Kozyak, Jeanette Kowalski</td>
<td>618-288-3508, 618-288-9843</td>
</tr>
<tr>
<td>Greenville</td>
<td>Bond</td>
<td>Greenville Regional Hospital 200 Healthcare Dr. Edu. Dept., Edu. Classroom</td>
<td>2nd Monday</td>
<td>1:00 PM</td>
<td>Alice Wright</td>
<td>618-664-0808 ext. 3703</td>
</tr>
<tr>
<td>Mattoon</td>
<td>Coles</td>
<td>First General Baptist Church 708 S. 9th St.</td>
<td>Last Tuesday</td>
<td>1:30 PM</td>
<td>Roy and Kay Johnson</td>
<td>217-268-4428</td>
</tr>
<tr>
<td>McLeansboro</td>
<td>Hamilton</td>
<td>Heritage Woods - Fox Meadows 605 S. Marshall Ave., Dining Room</td>
<td>1st Wednesday</td>
<td>1:00 PM</td>
<td>Paula K. Mason</td>
<td>618-643-3868</td>
</tr>
<tr>
<td>Mt. Vernon</td>
<td>Jefferson</td>
<td>Greentree of Mt. Vernon 2nd Floor</td>
<td>4th Thursday</td>
<td>6:30 pm</td>
<td>Donna Peacock</td>
<td>618-242-4492</td>
</tr>
<tr>
<td>Quincy</td>
<td>Adams</td>
<td>Fellowship Hall of Salem Evangelical Church of Christ 9th &amp; State</td>
<td>3rd Thursday</td>
<td>12:00 PM</td>
<td>Barb Robertson</td>
<td>217-228-9318</td>
</tr>
<tr>
<td>Springfield</td>
<td>Sangamon</td>
<td>Christ the King Parish Ctr. 1930 Brentwood Dr. <a href="http://www.parkinsonssupportcentralil.org">www.parkinsonssupportcentralil.org</a></td>
<td>3rd Sunday in Jan., Mar., May, July, Sept., &amp; Nov.</td>
<td>2:00 PM</td>
<td>Pam Miller</td>
<td>217-698-0088</td>
</tr>
</tbody>
</table>

DOCUMENTATION OF CHARITABLE CONTRIBUTIONS
Brian Hantsbarger, St. Louis APDA Treasurer, Conner-Ash P.C.

It is that time of the year—time to start gathering your documents together for your tax preparer. The purpose of this article is to give you some guidance as to what documentation you should have for cash contributions to a charitable organization. Non-cash donations have a different set of rules and are not considered in this article. The documentation for a cash donation depends on the amount of the donation and whether or not goods or services were received.

For a donation of any amount, if you receive goods or services, the amount you can deduct is the amount you pay that is more than the value of the item. Let’s say you bought an auction basket for $60. If the basket is worth $50, you can deduct $10.

If you paid more than $75, the organization must give you a statement which includes a good faith estimate of the value of those goods and services. An example of this would be the fee to play golf in the APDA tournament.

For every contribution of $250 or more, the organization must give you a statement of the amount of your contribution and the value of any goods or services received (or a statement that no goods or services were received). An example of this would be an annual cash donation of $500 to APDA.

If the documentation you have does not meet these guidelines or is received after the due date for filing returns, the IRS can (and often times has) disallow the deduction in its entirety.
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

The special birthday of
Courtney Adams
Roselynn Gad

The great granddaughter of
Leona Altman
Robert Hayman

Bernard Armbruster
Janis Cellini

Don Blackwood
Chrisy Dolbeare
Joyce King

Robert Coulter
Catherine L. Rudolph

Celeste Dillon
Wilma Earline Hayes

Mary Dwyer
Your Bunko Group

Jeanne & Harry Effinger
Nicole Effinger
Matthew & Tricia Harrison

Bill Erdman
Christine Hayes

Marge Evans
David Elisbree

Edward C. Fogarty
Dr. & Mrs. William Fogarty

Merry Christmas Mr. & Mrs. Steve Frank
Sharon Frank

The 60th Anniversary of
Elaine & Charles Fremder
Sara Lee Fitter

The Gatesworth Support Group
Maureen Neusel

Vernon William Gerth, III
Bill & Erika Gerth

Jane Goeringer
Mary Kay Venvertloh

The 91st birthday of
Ralph Goldsticker
Larry, Andi, Julie, Daniel, & Rachel Goldsticker
Ralph Herzmark

The 80th birthday of
Bob Greenberg
Sid & Frances Axelbaum

The marriage of Cheryl Griffin & Steve Stone
Larry & Gail Glenn

Brian Hansburger
Conner Ash, P.C.

Merry Christmas Mr. & Mrs. George Heckel
Joe & Donna Marshall

Steve Hurster
Citizens National Bank

Sara Lee Fitter
Gone Lane
Janice McConnell

Daniel & Kim Madden
Timothy & Susan Madden

George Marble
Jen and Chris Walter

Merry Christmas Mr. & Mrs. James F. Manuze
Sue & Dick George

Pep Presentation by
Dr. Joel Perlmutter
Debbie Geyer

Dr. Joel Perlmutter
Dr. & Mrs. Bill Mill

Nancy Potter
Mary Jean Fitzgerald

Merry Christmas Mr. & Mrs. John Powers
Joe & Donna Marshall

Blessed Chenzuhab
Sylvan & Ruth Sandler
Kristine Parisi
Zoe Shepard

Pat Schark
Maxine Gilner

Douglas James Schroeder
Bradley King
Tom & Robin King

Brian & RaDonna Landgraf
Ashley Schroeder
Claude & Donna Schollmaier
Darren Schroeder
Douglas & Kathy Schroeder
Lauren Schroeder

Charlotte Shelburne
Sharon & John Baldwin

Martin Shreder
Stephen & Judith Ellenburg
Judith Ugalde

David Smith
Janie Smith

Jack Strosnider
Parkinson Exercise Group - Garden Villas South

The special birthdays of
Bill & Terri Taylor
Roselynn Gad
Randee Fendelman

Support Group Presentation by
Dr. Muiza Ushe
Debbie Geyer

The special birthday of
Daniel Von Berg
The Raymond Family

Merry Christmas Daniel &
Carol Von Berg
The Raymond Family

Patsy C. Walker
Jane Walker

Merry Christmas Mr. & Mrs. Jack Wheeler
Joe & Donna Marshall

Bob Wiens
Debbie Jacobson

REMEMBERING

Myra Blumenthal
Larry & Andi Goldsticker

Bill Brauchbauer
Allice Edelman
Debbie Geyer
Jon & Sally Jonas
Susan Kennedy
Constance Ray
Jack Strosnider

Richard Busch
Nancy Stange

B. Gordon Byron
Jean Byron
Peter Byron & Betty Cash

William Cribbin
Clare Cribbin

Edmond L. Daffron
Helen Daffron

Carlton Dailey
Jack Strosnider

Harry Dalin
Maxine Harris

Harry & Lil Dalin
Karl & Debbie Geyer & family

Elwood Daugherty
David & Judy Gudehus
Laura & Owen Lisle
Laurana Schamma

Evelyn “Lucille” Dickens
Arlen Kuester

Mary Dussani
Sarah & Brendan Bunts
Mary Cook
Terry, Dave, & Kristin Freeze

Marianne Eaton
Frank Eaton

Leo Ellini
Mrs. Robert Busking
Sarah Ferlisi
Rose & Lee McNaughton
Steve & Marsha Morgner
Sunny Newland

Joan Fitzgerald
Timothy Fitzgerald, DDS
R. Emmett Fitzgerald

Conal Furray
Beth Ascher
Ray & Karen Bishop
Pat Casserly

Grant Chapman
Anne Cooper
Mr. & Mrs. Carl E. Cooper
Jamie & Maureen Cooper
Jill Goldstein
Michael Hunt
Peg & Jack McCarthy
Josephine Murphy
Michael Salevouris
William & Mary Smith
Christine & Stephen Snyder

Beth Stohr
David & Diane Strumpf
Team 4 CRHP Sisters
Jane Behrmann, Pat Rotty, Cindy Peth, Annette Kovarik, Linda Bohn, Jean Zuck, & Jeannette Wetteroth
Wendy & Marc Vander Tuig
John & Sandra Venneman
Gregg Youtter

Eleanor Garcia
B. Gordon Byron

Larry & Andi Goldsticker

Carol Giger
Robert & Margo Buehme
Marilyn & David Davis
Dennis & Diane Giger
Don Giger
Marvin & Doris Schollmaier
Shawndel & Scott Rose
Sara Warren & family

Frances Glazer
Mr. & Mrs. Wilmer J. Freiberg

Helen Goldsticker
Larry, Andi, Julie, Daniel, & Rachel Goldsticker

Cheryl Griffin’s mother
Larry & Gail Glenn

Harold Richard Grove
American Legion Auxiliary
Ballast Pits Hunting & Fishing Club
Russell & Christine Budde
Don & Mary Calombootto
Thomas & Marie Messner
Monday-Nite Pinocchio Club
Thomas & Mary Stephenson

Letha Guinard
Harold & Cerie Payne

Barbara Guller
Adrienne Breen
Benita Brimer

Helen Gottesmann
Fran & Harold Hoffman
Joan Kraus
Ilene Osherow
Susan Palen
Marlene Palans
Aileen Shmuger
Mildred Sparks
Mel & Marcia Tash
Lynne Wilson, Cathy Pitcher-Mont, Gale Prince, Ruth Lauck, & Terry Dedinsky

Maxine Hardecke
Howard, Sharon, & Marilyn Hardecke

Betty Heileman
Howard Heileman

Bob Hoemeke
Lois Frank
Jim & Carol Layton

Larry F. Holder
Matthew & Jackie Holder

Jay Indavino’s father
Gail, Larry, & Alyssa Glenn

Phyllis Mercedes Johnson
Anne O’Connell

Sue Kodner
Larry & Andi Goldsticker
Mark & Nancy Kodner
Penny Kodner

Mel Kretschmann
Bruce & Sue Gibson

John L. Krieger
Carol Krieger

Irene Kullmann
Paul & Roberta VanWagenen

Rogier Lahij
Jan & Elmer Boehm

David E. Lee
Helen Daffron

Lee Liberman
Jill Stein

Jean Mahoney
Patricia & Richard Hunsaker

Clifford M. McNames
Lois McNames

Richard Miller
Bill & Terri Taylor

“MyMo” Mohesky
Lois Mohesky

Patricia Morris
Norris & Gloria Acker
Bruton Stroble Studios
John Byrd
Thelma Caquelard
Noel & Sue Chaires
Nelda Devine

continued on next page
Tributes & Donations

continued from previous page

Laura Dowdy
Pam & Dan Engelhard
John & Barb Enloe
Ron & Doris Fromm
Loretta Hanenbrink
Tom & Kay Hecei
Joyce Noxon
George & Beverly Hearst
Peter & Kay Kimball
John & Barbara Headrick
Mary & Henry Fischer
Charlotte Shelburne
Vito Scorfina
Vito Scorfina
Bob Sheburne
Frank Sherwood
James G. Sketoe
Janet Bx
June Bux
Mary & Henry Fisher
John & Barbara Headrick
O’Fallon Hilltoppers
Peter & Kay Kimball
George & Beverly Montigne
Joyce Naxon
Pat Riney
Joseph Smiley
Darrell & Treola Akers
Norma & Winifred Blankenbecker
Lora & Bruce Fink
Steve & Sara Fitzmaurice
Larry Gilbert
Tim & Sheryl Lytle
Gregory & Pamela Meredith
Virginia Motley
Doyle & Barbara Purcell
Terry & Lyne Roche
Robert Smiley
Maxine Strader
William Thomas
John & Lois Voorheis
Larry & Kaye Waggoner
Glen Thomas Stabb
Lois Frank
Sharon Zelman
Richard Stang
Susan Stang
Henrietta Steiner
Ralph Goldsticker
H. David Stoops
Beth & Kevin Holland
Rose Marie Synsack
Cliff & Jeaninne Goetz
Lily & Bruce Seymour
Swink, Fiehler & Co., P.C.
William G. Trotter
Don & Rosemary Aubuchon
Dorothy Pelletier
Peter & Lucy Smith
Angela & Scott Solomon
Jean Williams & family
Antonio Velasquez
Janet & Al Forsman
Dr. Willard B. Walker
Jane Walker
Mary Rose Weber
Helen Boschert
Mel Weinberg
Stan & Donna Wilensky & family
Margaret & Peter Wilder
Joseph & Laureen Wilder
Louise Williams
Diane & Mike Hermann
David, Stephen, & Samuel Hinsel
Christine & Gregory Luzeeck
James & Margaret Reynolds
Phyllis Reynolds
Sandy Powers
Don & Nancy Thomas
Donald Zahn
Sharon & Steve Jelinek
Robert Zeiss
Norma Zeiss
Barbara & Keith Allen
Richard & Nancy Amling
Nancy & William Anderson
Pat Anghilante
Dennis & Kay Anstine
Judith Armbruster
Melisa Arenold
Bernie & Edna Bahr
Marilyn Baker
Edward & Rita Balk
Jay & Joan Bender
Thomas & Charlotte Benton
Grace Berding
Carolyn & Martin Berutti
William & Ada Billings
Maxine Bolin
Janet Bollinger
Charles & Carol Borchelt
Craig Borchelt
Suzeanne Brabston
Judy Bremer-Taxman & Paul Taxman
Dave Brister
Douglas & Phyllis Britt
Joe & Kathy Brown
Thomas & Margaret Bruno
Gary & Mary Ann Buelteman
Robert Butenschoen
Barbara Cassens
Dick & Nancy Chin
Columbia PD Support Group
Conner Ash P.C.
Jon & Sandra Corey
Mr. & Ms. Billy Contrill
Bob & Linda Coulter
David Craig
Barbara Crow
Terry & Jean Davis
Mary Anne Delker
Robert Dickneite
James & Bonnie Diemer
Rich & Joyce Distler
Jane Domke
Larry Dreppard
Richard & Phyllis Duesenberg
Larry & Mary Dwyer
Harry & Jeanne Effinger
Sandra Esrock
Grace Evans
Betty Fagg
E.B. Feutz
Betty Figler
Tim & Terrie Fitzgerald
Janet & Al Forsman
Lois Frank
Roxanne H. Frank
Steve Freund
Dorothy Gatch
Betty Gaffney
Don & Carol Giger
Larry & Gail Glenn
Doug & Irene Godbold
Dr. Arnold & Marilyn Goldman
Joanna & Mark Goldstein
Ralph Goldsticker
Robert & Cathy Goldsticker
Dr. & Mrs. Ronald Graff
Dennis & Carol Grainger
Nancy Grandcoals
Art & Jo Greenwood
Steve & Nancy Greenwood
Paul B. Griffin
Jerry Gunn
Carl & Debbie Guyer
Steven Hackley, Ph.D.
Brian Hantsbarger
Hord Harrison, II
Janie & Andy Hargrave
Irma Hart
Maureen Hart
Bernhard & Else Hartman
Walter Hester
Harold & Francile Hill
Ron & Maggie Hilmer
Hochschild, Bloom & Company LLP
Mark Hoemann
Matthew Holder
Michael & Linda Honigfort
Helen Hopkins
Terri Hosto
D.J. Hubbard
Martha E. Hughes
Ted Humm
Billie Humm
Steve Hurster
Nancy Johann
Rose Jones
Raymond & Ruth Keating
Kathleen Kendrick
Karen Keth
Martin & Cheryl Kinert
Penny Kodner
Norma Koetter
Charles Kohlenberger
Teresa Kosar
Esther Kramer
Thomas & Noreen Laffey
David Michael Lansdown
Linda Laramie & Philip Scharf
Jerome & Elizabeth Lester
Robert Lewis
Kent Linenfelser
Herzl & Hannah Locks
Freda Lohr
Mary R. Loire
Michelina Lukasavage
Stephen & Leanne Lyle
Christel Maassen
Tom & Amy Mackowiak
Joe Marchbein
David & Luicnda Marrs
Robert May
John & Josephine Mazzola
Jim & Carol McClain
Michael & Patricia McKinnis
John & Roberta Mehan
Char Ann Meloney
Walter Meyer
Kenneth & Doris Mihill
Pam & Jim Miller
Richard Miller
Floyd & Diana Morgan
Annette & Marnino
Mary Kathleen O’Brien
Richard & Phyllis Oster
Angelo & Betty Panourgias
Harold & Cherrie Payne
John Richard Pedrotty
James & Jean Peterson
Karen Pfitzinger & John Kehoe III
Mrs. Patricia Phillips
David Picha
Dale & Norma Plank
Robert & Nancy Potter
Robert & Christy Pratzel
Helen & Paul Ralston, MD
Pat Reid
Doris Reik
Dorothy Reimers
Thomas Rielly
Melvin & Adele Roman Foundation
Anne Ross-Weddy
Dennis & Marie Ruth
Sylia Saddler
Beverlee Sagel
Ivan & Betty Sander
Douglas & Kathy Schroeder
Bob & Jennifer Schuller
Patrick & Janice Scott
Suzanne O. Scott
Scottrade
Howard & Anita Selle
Renee Seidler
Curtis & Janis Shannon
Larry & Carol Shapiro
Peter & Julie Sharamitaro, Jr.
David Shepard
Martin Shater
Charles Siebert
Donald Silver
Jackie Simon
Eva Skedoe
David & Cindy Smalley
Warren & Joa Solomon
Betty Spitzer
Sanford & Gloria Spitzer
Springfield, IL Parkinson Support Group
Betty & Robert Sproles
Donald & Mary Ann Stohr
June Stolinski
Judith & Fred Surber
Mary Sweeney
Judy & Ron Taylor
Stanley Templeton
Terry & Thomas Thorp
Virginia Ulmer
Richard & Patsy Vaughn
Casimir Vrasic
Gordon & Marilyn Wall
Sheldon & Deanna Wallerstein
Cohen & Twila Walters
The Washburn Family
Dr. David A. Watkins
Martina E. Watson
Mary Kay Weerts
Judy Weidenthal
Harold & Barbara Weiner
Rochelle Weiss
Edgar & Catherine Wendholt
Don & Gayle Wheeler
Robert & Lynda Wiens
Mary E. Wildermuth
Virginia Wilks
With Open Hearts Fund
Thom & Vicky Young
St. Louis APDA Link
Parkinson families conducted successful events and we wanted to showcase their efforts to inspire you to consider small ways you can increase awareness and help generate funds to ease the burden and find a cure. Take the challenge and host your own Optimism Event.

The Optimism campaign recognizes individuals who contribute $500 or more during each calendar year.

**OPTIMISM 10,000 CLUB MEMBERS 2012**

Hull of a Race
Rodger & Paula Riney
Scottrade

**OPTIMISM 15,000 CLUB MEMBERS 2012**

With Open Hearts
Fund

**OPTIMISM 3000 CLUB MEMBERS 2012**

Thomas & Charlotte Benton
Chuck & Carol Borchelt
Delmar Gardens Enterprises
Express Scripts, Inc.
Hilliker Corporation
Erma O'Brien
Bruce Schneider
Joan Slay

**OPTIMISM 2000 CLUB MEMBERS 2012**

David Dunkmyer (& Financial Management Partners)
Jim Guller (& Cooperative Home Healthcare)
Steve & Lynn Hurster
Mark & Nancy Kodner
Dave Kiercher
Monica Tufty

**OPTIMISM 500 CLUB MEMBERS 2012**

St. Louis Esprit Softball
Mary (Jill) Stein
Sterling Bank
Jack Strosnider
THF Realty, Inc.
Steven Trulaske, Sr.
USA Mortgage
Bob & Marilyn Warren
Grant Washburn
Lynda & Bob Wiens

**OPTIMISM JAMS**

Tribute for musician Joey Marshall raised $1500 for the St. Louis Chapter.

**OPTIMISM BOWLS**

Rich Jacques friends and family raised $1340 at a bowling event for PD.

**OPTIMISM IN-KIND DONORS 2012**

Autohaus
Robert Sanderson (Alphagraphics)
Sweet B's
David Kodner personal jeweler
Kodner Gallery
Scotsman Coin & Jewelry

**OPTIMISM 1000 CLUB MEMBERS 2012**

Aspenhomes
Edward & Rita Balk
Philip H. Barron Realty Co.
BJC Healthcare and Home Healthcare
Steve Bloom
Laura Boldt
Braun Construction Management
Kay & Bill Bruchhauser
Jean Byron
Bob & Donna Cohen
Commerce Bank
Patrick Farrell
Tim & Terrie Fitzgerald
Flexsteel Industries, Inc.
Stephen Freund
Mr. & Mrs. Robert Hermann
Ted Hume
Jackson Catnapper Industries
Michael & Nancy Klein
LA-Z-BOY
Alan & Marty Lemley
Tom Mackowiak
Joe Marchbein
Randall Martin
Maryville University
Annette McNinch
Medical West
Healthcare Center
Medtronics
Miss Elaine
Neil & Tish Norton
Rotonda Foundation
Dennis & Marie Ruth
Dave & Christine Sader
Claude & Donna Schroeder
Serta Mattress Co.
Mary Shadler
David & Cindy Smalley
Southern Illinois Parkinson Support Group
David & Suzi Spence

**OPTIMISM 5000 CLUB MEMBERS 2012**

Jim & Anna Blair
Carol House
(Brook & Melissa Dahlin)
Community Partnership at Benton Homebuilders (Bill & Terry Taylor)
Jeff & Lotta Fox
Luxco, Inc.
Nancy Rapp
Teva Neuroscience, Inc.
Wells Fargo Commercial Banking
HELP WANTED
Seeking volunteers with experience and interest in marketing and/or public relations. Volunteers will join a committee to help promote the St. Louis Chapter of the APDA and its activities. In any given week, we serve hundreds of patients and their families through our support groups, exercise classes, and educational programs. For more information, contact Debbie Guyer at guyerd@neuro.wustl.edu or 314-362-3299.

Other volunteers needed
• to serve at our Chesterfield Parkinson community resource center
• to register participants at our Parkinson Education Programs (PEP meetings)
• to help with mailings and literature orders
• to help spread the word about APDA in our communities
• to serve on a speaker's bureau
• to participate in health fairs
• to serve on a new Walk/Run committee for an annual event

Did You Know...
• More than 132,000 people will be diagnosed with Parkinson Disease in this country this year alone.
• Life expectancy improves by seeing a neurologist in addition to your internist or family practitioner if you have PD.
• Currently there are no laboratory tests to detect Parkinson Disease. Diagnoses are based primarily on thorough case histories and observations by a neurologist trained in movement disorders, and sometimes a response or lack of response to medication.
• These 10 often-missed early signs of PD: 1) loss of the ability to smell, 2) sleep dysfunction (acting out their dreams), 3) constipation and other elimination problems, 4) loss of facial expression, 5) persistent neck pain, 6) slow, cramped handwriting, 7) voice and speech changes, 8) lack of arm swing, 9) excessive sweating, 10) changes in mood and personality and memory (concentrating, problem solving, multitasking, and planning).
• Melanoma (skin cancer) and PD might have shared environmental or genetic risk factors or pathogenic pathways. Have yearly body checks by a dermatologist and examine your skin once a month. People with PD have an estimated two- to six-fold increased risk of melanoma but a reduced risk of most other types of cancer.
• Charlie Rose's Brain Series discusses Parkinson Disease and Huntington's Disease. There is a link to this hopeful discussion on our website.
• Max Little (TED Talks) reveals a breakthrough technique to monitor and potentially screen for PD through a simple voice recording (listen to this fascinating discussion on our website www.stlapda.org).
• PD causes an array of non-motor symptoms which may elude detection by doctors and even patients themselves. Patients and caregivers feel the burden of these non-motor symptoms. Many of these symptoms seem to affect the mind more than the body. For example, depression, anxiety, irritability, and social withdrawal are all recognized now as non-motor symptoms of PD. Experts believe they are caused not by the person's reactions to having PD but by the disease itself and how it changes the physical brain. (Dr. Black will be addressing these issues on April 13 at the PEP meeting.) Inform your neurologist (Movement Disorders specialist) about any changes in mood, attitude, and behavior (lack of energy, loss of endurance, cognitive problems).
• Recent research has found that PD begins years and possibly decades before motor problems appear.

Best Kept Secrets
LOUD CROWD will resume in the spring. The group meets twice a month for 3 month period to practice use of appropriate loudness levels using LSVT-techniques.

OPTIMISM 500
continued from previous page
Royal Banks of Missouri
Sylvia Saddler
Schnadig International Corp.
Doxey Sheldon
David Sherman, III
St. Peters Exercise Class
Sunrise Senior Living
Frank Thurman
Vouga Elder Law, LLC
Whalen Custom Homes, Inc.
Wolff Properties
Jean & Bob Wunderlich
Don & Norma Ziegenhorn
Dick & Margie Zimmerman

Best Kept Secrets
SHARED COST SERVICES are available for those with financial needs. This program provides assistance for in-home respite care, adult day services, in-home chore assistance, and travel reimbursement, emergency response systems for those who live alone. Call for application.
Has your doctor received his/her complimentary copy of the recently released DVD, *The Parkinson Journey*? Do you want your children to learn about this chronic, progressive disease?

Don't give up your personal copy; let us send one to them.

Call with your physician’s name and an address or phone number and a copy will be provided free of charge.

**SAVE THE DATE!**

**Sat., Apr. 13**  Parkinson Education Program (PEP)

Dr. Kevin J. Black, a neuropsychiatrist at Washington University School of Medicine, will give a presentation entitled “Who Are You and What Have You Done to My Spouse/Caregiver?” where he will address the roles depression, apathy, anxiety, delusions, and impulse-control disorders can play in Parkinson disease (before, during, and after the patient has been medicated). Families may feel robbed of a formerly vital and vibrant, entertaining loved one. Come learn how and why this happens and how you can cope with this “new” person in your life.

DoubleTree by Hilton Hotel & Conference Center, 16625 Swingley Ridge Road in Chesterfield (63017)

10:30 AM to noon

**UPCOMING PD EXPERT BRIEFINGS, 12:00 noon (CST)**

Register @ [www.pdf.org](http://www.pdf.org) for online seminars

**Tue., Mar. 12**  Under-recognized Non-Motor Symptoms of Parkinson Disease

Dr. K. Ray Chaudhuri, Kings College London

**Tue., Apr. 16**  Medical Therapies: What's in the Parkinson Pipeline?

Dr. Kapil D. Sethi, Georgia Health Sciences System

**Tue., June 4**  Improving Communication in Parkinson Disease: One Voice, Many Listeners

Angela Roberts-South, MA, CCC-SLP, Ph.D. Candidate, Western University, Ontario, Canada

**Best Kept Secrets**

ACOP, the adult children of parents with Parkinson support group, will meet one evening every quarter to discuss issues faced by adult children involved in their parents care. Tell your children about this wonderful group!