Parkinson’s Paradoxes
Peter Dunlap-Shohl, NWPF Blogger. Peter worked as cartoonist for the Anchorage Daily News for over 25 years. He was diagnosed with Parkinson disease in 2002 and maintains “Off & On, The Alaska PD Rag,” a blog about living with Parkinson’s that features original cartoons and illustrations.

Of the finer miseries of Parkinson disease, perhaps paradox is the finest. Paradox flourishes at every level of PD. Just to start, Parkinson disease robs you of the dexterity you need to handle say, small pills. And you manage PD symptoms with... little tiny pills! This makes for hours of fun, from getting them out of their tamper-resistant bottles to swallowing them, in a disease, by the way, that interferes with... swallowing! Fiendish! But that is only the beginning.

Experts tell us that to maintain brain health and flexibility, one of the best things we can do is seek out novel situations. Encounters with the unfamiliar build new pathways and resilience into our decaying brains, we’re told. Oh, but avoid stress! Stress will aggravate symptoms and possibly worsen your progression. And what is a big source of stress? Yes. Novel situations.

And how about that word, progression? Progress usually carries the connotation that things are getting better. Someone might ask, “How’s the sprained ankle doing?” “Making progress,” you might reassure them. Not with Parkinson disease, where “progression” refers to the process of the disease advancing, getting worse.

And how about this? One of the most important defenses the brain has against disease is a sort of firewall called the blood/brain barrier. Unfortunately, it is also the barrier to what would seem the most straightforward way of treating PD, supplying dopamine directly to the brain. Dopamine is blocked because it can’t fit through this defense. This is why we take levodopa, which can pass the barrier and then is transmuted by the brain into dopamine.

I have a game I like to play whenever I meet a neurologist. I ask, “What is the one thing you wish that patients would do to manage PD that they won’t do?” The answer invariably has been “exercise.” But in a condition that leaves many patients with stiff muscles and a feeling of apathy, the last thing many want to do is move their bodies. Especially when moving may lead to falling. So the best source of therapy, one that is available freely, has little in the way of dangerous side effects, and is as cheap as a pair of shorts and a jump rope, is often the last thing a person with Parkinson’s feels like doing.

I could go on, but you get the idea. The question is, What does this mean for those trying to cope with this plethora of paradoxes? Before you answer, consider these three things:

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Dr. Richard Bucholz, Vice-Chair of the Department of Neurosurgery at Saint Louis University, is our guest contributor in this Q & A section of this newsletter. He was also one of the participants in our recent Deep Brain Stimulation (DBS) Parkinson Education Program on February 2, 2014.

As a reminder, if you were unable to attend this wonderful meeting, a DVD of the presentation can be obtained by contacting the Parkinson Resource Center at 314-362-3299 or by email at guyerd@neuro.wustl.edu.

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**Q:** Is DBS (Deep Brain Stimulation) useful for essential tremor? How does it differ from DBS for PD?

**A:** DBS for essential tremor (ET) is, if anything, more effective than DBS for PD. Given the relative paucity of medications effective in controlling ET, and given the 90-95% rate of efficacy of DBS in this condition, anyone with disabling ET should seriously consider DBS, as it can have a dramatic impact on quality of life.

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**Q:** Is there a trend to have DBS done at an earlier stage in the disease?

**A:** There is great interest on whether DBS treatment earlier in the disease is appropriate. A recent talk given at the Neuromodulation Meeting suggests that early DBS may actually alter the course of the disease. Given our increased experience with DBS and improvements in surgical technique, the risk associated with DBS is decreasing, suggesting that it is an appropriate treatment for earlier stages of the disease. Anyone who has PD and has a quality of life that is sub-optimal due to poorly controlled symptoms should be evaluated for the possibility of DBS.

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Give STL Day is one of the newest forms of philanthropy: a community-wide, 24-hour online fundraising event organized by the Greater St. Louis Community Foundation to grow philanthropy in the St. Louis metropolitan area. On May 6, from midnight to midnight, not only in Greater St. Louis but in many cities across the nation, anyone wishing to contribute can visit www.givestlday.org, search for the charity of their choice, and donate. The minimum donation is $10, and there is no maximum. Contributions will be added to the ongoing tally board located on their website. The gift you give on May 6 may be increased by prize dollars and matching funds during several “power hours.” 100% of donations made through this event qualify as a charitable gift and will be given to the APDA of Greater St. Louis. We hope you will help us raise essential support and earn matching funds for the APDA. Join us on May 6 online at www.givestlday.org.

Contact Michelle Brooks at 314-362-3299 or brooksmi@neuro.wustl.edu for more information on this community-wide campaign fundraising event to grow philanthropy throughout the nation. What can WE do for APDA in a day?
All Parkinson’s, All the Time?

Dr. Paul Short, The Parkinson’s Coach, provides Internet-based coaching to individuals and families challenged by Parkinson disease and helps them develop personalized plans for coping with the disease. Dr. Paul’s background in neuropsychology allows him to translate many subtle aspects of the disease into plain language; plain language that produces practical plans.

PD brings a lot of stress to relationships. It is pretty easy to understand how stress can undermine a couple’s bonds, particularly when these are already on unsure footing. Resolving stress amicably is the key to making a committed relationship work. This can be easy to forget, particularly when the way a person feels physically is so prone to fluctuation.

One of the greatest marital stressors is a phenomenon I hear about a lot from partners, the “all Parkinson’s, all the time” problem. This phenomenon occurs when virtually all interaction within the relationship centers around the disease and it becomes virtually the only thing the couple has in common. The danger here is that the flow of emotional energy is in a single direction toward the person with PD. This one-way flow can be corrosive to even the most loving marriage. When a relationship is reduced to “all Parkinson’s, all the time,” it is very easy for the disease to crowd out the other person.

There is no question that it is impossible for a person who does not have the disease to understand the singular discomfort PD brings. However, it may also be hard for a person struggling with the effects of the disease to fully appreciate the struggles their partner faces, particularly when a marriage collapses around “all Parkinson’s, all the time.” Each partner has emotional needs that a viable relationship must meet in some way. If these needs are not being met and the focus of the marriage shifts disproportionately toward the person with PD, the net result can be frustration that has the potential to grow and fracture the foundation upon which the relationship is built.

There is no ill intent involved; it is just a sad fact of life that the physical demands of PD can block out an individual’s ability to see the world through their partner’s eyes. Problems arise when people are unaware of this fact.

The most effective way to keep PD from becoming an emotional one-way street is purposeful work as a couple to keep that from happening. Although marital therapy can be helpful, a frank conversation is the goal. The most common areas of conflict are a tendency by some with PD to withdraw emotionally or to even the most loving marriage. This can be easy to forget, particularly when the way a person feels physically is so prone to fluctuation.

Until you have festinated for a mile in another man’s moccasins, it’s dicey to second-guess their decisions. And if I seem to not keep time, cut me a bit of slack. Perhaps I march to the beat of a different bummer.

Reprinted with permission from Northwest Parkinson’s Foundation PD Community Blog on March 10, 2014. Please visit www.nwpf.org/stay-informed/blog/ for more posts from Peter Dunlap-Shohl and other PD experts. Content is added weekly.

This article particularly resonated with me, because I can still recall a conversation I had with my father one afternoon when he was feeling particularly worn down and deflated. I reminded him that he was not just Mom’s caregiver, but her husband of 66 years and that it needn’t be all Parkinson’s all the time.

― Debbie
Effects of Exercise on Parkinson Disease

Juan Sanchez-Ramos, PhD, MD

Dr. Sanchez-Ramos, Helen Ellis Professor of Neurology, University of South Florida, Medical Director of the Parkinson Research Foundation, Sarasota, FL

With baby boomers entering the age range when the risk of Parkinson disease (PD) is high, there is increasing interest in the effects and benefits of exercise to help both motor and non-motor complications of PD. Perhaps this is because the “boomers” have always been interested in health and exercise. Or, more likely it is because the published research on the overall benefits of exercise for general health and well-being is abundant and convincing. A recent publication in Movement Disorders nicely summarizes the scientific knowledge in this field. Dr. Sanchez-Ramos has condensed the extensive review into an article which first appeared in the Parkinson’s Disease Update, Winter 2014, published by the Parkinson Research Foundation.

Traditional exercise modalities, such as strength, flexibility, and aerobic or balance training, have been reported by many independent investigations to improve some aspects of mobility, strength, and flexibility. Compared with their healthy peers, PD patients have reduced muscle strength (i.e., force) and power (i.e., force × velocity), both of which have been associated with reduced walking speed, walking efficiency, and postural instability, resulting in a higher risk for falls. Reduced muscle strength and power could be the result of muscle disuse, as PD patients are known to be physically inactive. However, decreased muscle strength is most likely a manifestation of a central nervous system deficit because muscle strength has been shown to improve with levodopa medication. A recent review and a recently conducted two-year randomized controlled trial on the effects of resistance training in PD concluded that resistance training increases muscle strength and endurance and is likely to result in improved gait parameters and functional improvements in mobility. Strength training is also endorsed by the evidence-based guidelines for physical therapy for PD. Furthermore, PD patients have an abnormally flexed posture with resulting shortened flexor muscles such as hip flexors, hamstrings, and pectoral muscles. Trunk and neck range of motion is often reduced, particularly axial extension and rotation. Decreased range of motion of the trunk, in particular, is related to function (i.e., functional reach and both functional reach and gait can be improved by improving available range of motion).

Aerobic Training: A recent randomized clinical trial compared 16 months of balance training versus aerobic exercise (treadmill, stationary bicycle, or elliptical trainer) with stretching (control) and found aerobic exercise to improve physical fitness (walking economy) compared with the other modalities, whereas balance training improved Unified Parkinson’s Disease Rating Scale (UPDRS), Activities of Daily Living score, and physical function. Another study compared three months of high- versus low-intensity treadmill training with stretching and resistance exercises and found similar effects on physical fitness with a dose-response relationship (peak VO2), whereas all intervention arms improved in gait speed (six-minute walk test). Significant changes in the UPDRS motor scales, balance (functional reach), nonmotor symptoms, and quality of life were not observed in these studies.

Balance Training: Poor balance is a common and devastating consequence of PD. Recently, several studies examining the effect of balance exercises in PD showed that balance exercises, either alone or in combination with other training modalities such as strength, joint mobility, or gait training, can reduce the number of falls and improve balance control, overall physical functioning, postural transfers, freezing of gait, and functional reach. Previous reports suggested that the combination of resistance exercises and balance training in PD was more effective in improving balance and postural stability compared with balance training alone. Due to differences in balance exercises, combinations with other exercises, duration and intensity of the exercises, and outcome measures, it is difficult to determine superiority of any of the treatments or added value of different modalities. In addition, many balance scales used in trials may be insensitive to the unique deficits found in PD such as difficulty turning or difficulty with dual tasks and may be insensitive to mild balance deficits or mild improvements in balance after training.

Complex Multifaceted Exercise: Given what we know about the complex nature of PD-specific deficits that contribute to poor balance and gait, it is unlikely that one exercise, for example, aerobic training by itself, will necessarily improve balance control adequately. With greater understanding of the complex
nature of balance and gait deficits in PD, people have begun to investigate multifaceted exercise such as Tai Chi, dance, and agility training that may simultaneously target multiple aspects of disability.

Tai Chi, known to improve balance in the elderly, has a strong emphasis on maintaining control of one’s center of mass. Tai chi has received attention in the PD community after several randomized clinical studies reported the beneficial effect of tai chi for people with PD on postural control compared with no intervention and compared with stretching or resistance exercise. Furthermore, in the latter study, the tai chi group performed better than the resistance training or stretching group in balance and gait measures, and both resistance exercises and tai chi led to a decrease in falls. Tai chi naturally combines slow control of movement, strength, multidirectional movement, and complex sequential action requiring cognitive attention.

Dance is also receiving much attention as an interesting exercise strategy for PD because it naturally combines cueing, spatial awareness, balance, strength and flexibility, and physical activity (or even aerobic exercise if the intensity is sufficient). Moreover, it is enjoyable and stimulates social engagement and peer support. Clinically significant improvements were found in balance, gait, and endurance when comparing the tango, waltz, and fox-trot with traditional exercise interventions. A clinical study with a 12-month community-based tango program resulted in significant and clinically important reductions in disease severity (UPDRS), balance impairment, and dual-task walking compared with controls. In addition, freezing of gait occurred more in the control group at follow-up, and the six-minute walk test deteriorated in the control group at follow-up, whereas the dance group remained stable. Interestingly, upper extremity function in the nine-hole pegboard test also significantly improved in the dance group. Together with the improvement in UPDRS motor score, this implies that the effects are transferred to nonrelated tasks and may suggest a disease-modifying effect. Moreover, it shows that long-term exercise treatment is feasible and that it results in an increase in participation in physical and social activities.

Exercise-Induced Changes to the Brain: There is strong evidence from the animal literature that aerobic training not only improves functional performance but also creates changes at the level of the brain itself. Experimental rodent models of PD showed that high-intensity aerobic training produces many changes in dopamine receptors and transporters and reduces glutamate neurotransmission (a beneficial effect). Along with these brain changes, high-intensity treadmill running was shown to improve motor symptoms in rodent models of PD. Neurochemical and neuromodulatory changes are less straightforward when studying exercise intervention for humans. Recently, a pilot study reported that intensive aerobic exercise in early PD patients resulted in better postural control and increased postsynaptic D2 receptor binding potential on PET imaging with radio-labeled fallypride, an indicator that dopamine neurotransmission was improved. Moreover, functional MRI performed after a single bout of forced exercise revealed the same change in network activation pattern as that seen between medication states.

Summary: There is a growing body of empirical evidence documenting the beneficial effects of exercise on gait and balance control in PD. There is also exciting research that demonstrates exercise-induced changes to the brain. There is a need, however, for specific recommendations regarding the frequency, intensity, and type of exercise for people with PD. The experts in this area of exercise research strongly suggest an increased role for exercise and rehabilitation at all stages of the disease and believe that exercise should use a wide variety of movements and address many different constraints on mobility.

When designing an exercise program for a PD patient, the following items should be considered:

1. The exercise should be targeted to address patient-specific problems or disabilities.
2. The exercise should be feasible. Unrealistic time-consuming regimens will decrease patient compliance; however, exercise strategies that cover several areas of physiological restrictions simultaneously or combine several exercises into one training session of approximately one hour seem to be a feasible time consumption.
3. Exercise-related risks should be assessed.
4. Barriers to exercise should be decreased by, for instance, group classes, home exercise, monitoring and treatment of non-motor symptoms and comorbidities, personal goal setting, and seeking alternative ways to improve exercise participation on a permanent basis.

This article was selectively condensed for readers of Parkinson Update (published by Parkinson Research Foundation, Sarasota FL) from an extensive review published by N. van der Kolk and L. King in Movement Disorders Vol. 28: pages 1587-1596, 2013. Readers who want more details and references can request a copy of the original article by contacting Laurie King, PhD, PT at Kingla@ohsu.edu.
Inaugural Year of Greater St. Louis APDA Participation in GO! St. Louis Marathon & Family Fitness Weekend – A Huge Success!

Nearly 120 APDA team members participated in the walking or running events held April 5 and 6 in St. Louis. Through individual and corporate sponsorships, over $58,000 was raised to support Parkinson research and the APDA Information & Referral Centers across the nation in our inaugural year with GO! St. Louis. A tent at the Saturday 5K run/walk event helped raise awareness about Parkinson disease and the APDA. As a result of the generosity of friends and family of team members, over 800 separate donations were received. We regret that we are only able to list gifts of $50 or more, received by March 31, 2014, but a complete listing is available on our web site. Our gratitude is extended to members of the walk/run committee who have given their hearts and “sole” to make this event a resounding success. For participants, we hope you enjoyed the weekend and will plan to join us again in 2015! For photos captured during the weekend, visit our website at www.stlapda.org or check out our facebook page at www.facebook.com/APDAGreaterStLouisChapter.
Memory and Thinking Study at Washington University School of Medicine

Joel S. Perlmutter, MD, Elliot Stein Family Professor of Neurology, Professor Radiology, Neurobiology, Occupational Therapy & Physical Therapy and Head, Movement Disorders

The terrific work done by subjects in this study, including donation of their brains at the time of their death, has permitted us to make these new discoveries. This new finding is very interesting and may change the way we think about Beta amyloid in the future. We must reach our goal of enrolling 290 people in this study. We are seeking both people with Idiopathic Parkinson Disease AND we also are needing “normal” men without thinking problems. People with PD can have no thinking problems, mild impairment, or all the way to severe impairment. The goal of this research project is to study people across the entire spectrum. To qualify for this study you must be 50 or older, with or without Idiopathic PD (normals’ or Idiopathic PD are included); have no other neurologic problems (such as strokes, seizures, history of brain surgeries or brain infections); have no metal in your body that could make an MRI unsafe (like an aneurysm clip or cardiac pacemaker); be willing to undergo an MRI (where we take pictures of your brain and measure blood flow in the brain while you lay in a tube that makes loud noise); be willing to have a lumbar puncture (a minimally painful and very well-tolerated procedure) where we see if the proteins described above are present in your spinal fluid—the fluid that coats your brain and spinal cord; and be willing to undergo a PET scan (where you lay in a tube but only to the bridge of your nose and we inject into an IV in your arm a small amount of a radioactive isotope called PIB). PIB is an amyloid-binding compound and helps us try to determine whether amyloid in the brain predicts future development of thinking and memory problems. The final requirement research subjects must agree to do is to donate their brain after they die (which we hope is a long way off). The reason brain donation is important is because it is the only 100% gold standard way to prove that someone has Idiopathic PD vs. another form of parkinsonism and it is the only way to prove what may be the cause of someone’s thinking problems. My dad donated his brain to this study. Brain donation does not negatively affect your funeral arrangements in any way, including open casket, and your family does receive a call from me or one of our other doctors to discuss the brain autopsy findings. There is no cost to you for any of these procedures, and in fact, we will pay you $300 for your time and inconvenience. If you are interested in learning more about this study, please call or email my Nurse Practitioner, Johanna Hartlein, at (314) 362-0420 or johanna@npg.wustl.edu. Remember that in order to ever be able to cure this disease or better treat the symptoms, studies like this are pivotal and we really cannot do it without you. We would welcome the chance to discuss this study further with you. Thank you again for your dedication to PD research and helping us find a cure.

In the past few years, we have enrolled 216 people into our thinking and memory study. We are incredibly grateful to all of the wonderful people with Parkinson disease (PD) and to their spouses who have made this possible. Your dedication and willingness to enroll and continue lifelong participation in this research is the key to answering questions related to thinking and memory problems in PD and is the only way we are able to get closer to easing the burden and finding the cure.

Thinking and memory are a big deal in PD because a lot of people experience some trouble with their thinking. Some of these people develop dementia, and dementia is the No. 1 predictor of quality of life in people with PD. It, along with hallucinations, is also the No. 1 reason for nursing home placement. Trying to figure out the thinking side of PD may be just as important as trying to figure out the motor components of PD. This ambitious and important study is hoping to help answer the following questions:

1. Can we predict who with PD is at risk for thinking and memory problems? That is an important question to answer because perhaps then we could try to intervene early to stop thinking impairment before it begins or before it becomes problematic.

2. In people who already have thinking problems, what is the cause of those thinking problems? We used to believe that people with PD developed thinking problems related to co-existing Alzheimer Disease (with abnormal deposits in the brain of proteins Beta amyloid and tau—which makes up neurofibrillary tangles) or they could have another cause of dementia —from abnormal deposition of the protein alpha synuclein in the cortex (or outer areas) of the brain. We have now discovered in this study that all people with PD and thinking problems have abnormal alpha synuclein, and a large number also have abnormal Beta amyloid but only rarely do people have abnormal tau. Right now, we can only determine the cause of thinking problems by examining peoples’ brains under a microscope. That procedure is only done after death so it is not very helpful to the patient who is living their life with sometimes disabling symptoms of dementia.

Johanna Hartlein, RN, MSN, APN, Clinical Research Coordinator/Nurse Practitioner

If you are interested in learning more about this study, please call or email my Nurse Practitioner, Johanna Hartlein, at (314) 362-0420 or johanna@npg.wustl.edu.
Jim and Alison Bates: the Definition of Philanthropy

Jim Bates was a pioneer in the advertising specialty business in St. Louis and a long-time resident of Kirkwood. He married his high school sweetheart, Alison (Brown) Bates, and together they grew this unique business into a very successful venture. Although Jim had symptoms earlier, he was diagnosed with Parkinson’s at about age 70. Jim struggled with this progressive disease for many years but continued to go into the office until his death at age 85.

Jim and Alison Bates were known for their generosity and love of family, friends, and community. They established the James and Alison Bates Foundation, which lives on today through the generosity of the next generation and those Trustees following the express wishes of Jim and Alison. Look up the word “philanthropy” in the dictionary and you will find the names of Jim and Alison Bates.

The Greater St. Louis Chapter of the American Parkinson Disease Association has been the recipient of their generosity through funds received to further the mission of easing the burden and finding the cure. Since July 2011, when their niece, Nancy Rapp, became involved with the local Chapter through her own Parkinson diagnosis, the Foundation has directed $50,000 toward our local Parkinson community, supporting research as well as patient services and programs. We feel so very fortunate to be the recipients of the James and Alison Bates Foundation philanthropy, in addition to Nancy’s active participation and support for our mission. Through these regular gifts, they are helping us get that much closer to making Parkinson’s no one’s disease.

APDA strives to improve the lives of people with Parkinson disease, their caregivers, and family members by providing education, creating public awareness, fostering a supportive environment, and raising funds for research.

You, too, can support our cause!

Optimism Events

These groups 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 for Parkinson’s. Take the challenge and host your own Optimism event.

Two Optimism events have been held since our February newsletter: an annual Trivia Night honoring the former Mayor of Bellefontaine Neighbors, Marty Rudloff, and a Giving Back Together day held by Scottrade.

This third annual trivia night was sponsored by St. Louis Esprit softball team. The softball team holds a trivia night each year to raise money for the season. This year they raised $1,250, bringing the total three-year contribution to a praiseworthy $3,150 for the Greater St. Louis APDA, serving the state of Missouri and southern Illinois. You impress us with your dedication and loyalty to Marty.

Giving Back Together – Scottrade Expands Associate Charitable Giving

Scottrade, Inc., a St. Louis–headquartered investing services company, has a 34-year history of doing what’s right – for its clients, associates, and the causes its associates care about. One of those important causes is the Greater St. Louis Chapter of the American Parkinson Disease Association (APDA).

Scottrade and its associates continue to expand their partnership with the APDA to help fund research to find a cure for Parkinson disease, assist their families and caregivers, and provide support for educational programs. Through charitable matching programs such as casual Dress Down Days and Days of Caring, the firm matches associates’ contributions dollar-for-dollar, in addition to donating $20 for every hour an associate volunteers his or her time to a nonprofit cause. Last year, Scottrade expanded its giving by launching its Giving Back Together campaign, which provides associates an opportunity to donate all throughout the year through scheduled paycheck deductions.

We appreciate Scottrade’s ongoing financial and volunteer support to the Greater St. Louis APDA and hope that Scottrade’s example will encourage other businesses to develop similar fundraising campaigns of their own. These programs make it easy to raise donations throughout the year to benefit charities that their associates are passionate about – charities that improve the lives of people and the communities in which they live.
Tributes & Donations 1/31/14 – 3/31/14

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 at 314-362-3299. Contributions can be made directly on the APDA Greater St. Louis Chapter website, www.stlapda.org.

Honoring
The Bargen Christmas
Roland & Mary Jane Bargen
Eric & SueAnn Fry
Dan & Marva Heumann
Bobby & Barbara Jaeger
Jennifer Jaeger
Miranda Jaeger
Mr. & Mrs. Don Bergan
Mr. & Mrs. Greg LaVigne

The special birthday of
Phyllis Barr
Pam & Jerry Brown
Michael Bruckdorfer
Jan Bruckdorfer
Robert Bubla
Ruth Bubla
Marian Carter
Patricia Carter
Mary Lou Cervoy
Nancy LaVigne
The panel of DBS Experts:
Dr. Richard Bucholz
Dr. Pratap Chand
Ms. Leab Cuff
Mr. Brent Peterson
t Mr. Terry Rolan
Mr. Mwisa Usbe
Debbie Guyer
Roger Decker
Brenda Andrews
Bill Erdman
Chris Hayes
Billie Stallings
Gail Stallings
Paul Garwitz
Dennis & Christine Paricelli
Judy Glaser
Gail & Larry Glenn
The 60th birthday of
Ann Goldman
Gail, Larry & Alyssa Glenn
The birthday of
Ralph Goldsticker III
Larry & Andi Goldsticker
The birthday of
Al Gruben
Pam & Jerry Brown
Jill Kuykendall
Rose Mary Malone
The special birthday of
Marvin Marion
Pam & Jerry Brown
The birthday of
Kevin O’Toole
George & Nancy Marble
Austin Peppin
Austin & Helen Peppin

The 50th Anniversary of
Dale & Norma Plank
Mike & Ruth Lane
Geraldine Mitchell
Sam Putman’s Bar Mitzvah
Gail, Larry & Alyssa Glenn
Richard Quin
Lisa Quin
Sandra Rodman
Roberta Snyder
The birthdays of
Abby & Lily Schreiber
Jack Stronsuder
Our Guests at the Stepping/Carter Wedding
Laura Steppig
The 89th birthday of
Dale & Norma Plank
The birthday of
Marian Carter
John & Jeri Kantor
Muriel Carter
Kathy Carter

The birthday of
Abby & Lily Schreiber
Jack Stronsuder
Our Guests at the Stepping/Carter Wedding
Laura Steppig
The 89th birthday of
Jack Stronsuder
Debbie & Karl Guyer
Judy Taylor
Lisa Peppin
Linda Wallace’s Grandson
David & Sharna Kohner

Remembering
Al Abram
Cheri & Steve Lasky
Bonita “Bonnie” Acord
Brookhaven Garden Club
Kent & Mary Ann Bruegmann
Olive Cernik
Olive Dressel
Lois & Bob Estes
Connie Fehl
David & Joan Gildenhuis
James & Barbara Glaser
Robert & Georgia Green
Gregg, Angela, Shirley & Garrett Haefner
Ben & Alma Held
Jean Heutel
Ed & Jan Kaaz
Helen E. Kirchner
Jim & Hilde McAllister
Monanto Women’s Golf Club
Carolyn Moritz
Shirley & Don Paulsen
Jerry & Mary Sue Pensel
Tim & Jennifer Potter
Jackie & Joe Quinn
Edwin & Sharon Schertzer
Gus & Arlene Sohn
Walter & Marilyn Williams
Betty Wilson
Bryan & Renee Winchell
Robert & Wendy Zick

Dorothy E. Beck
Svetko Baluch
Marie Beck
Pauline Beck
Verona & Ronald Beck
Mr. & Mrs. Victor Beck
Priscilla & Russell Lorton
Diane & Pamela Neugebauer
Terry & Sally Nolan
Steve Ostrander
Steve Raulston
John & Barbara Sheehan
Lillian Wisham
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William Bruchhauser
Kay Bruchhauser
Stanton Roeder
Nettie Bruer
Curves – Rhea & Dorothy Kent & Kim Prinster
Robert Carafiol
Mike & Bernice Resnick
Alroy Chambers
June Stolinski
Josephine Cirocco
Maxine & Frank Gilner
Melford Cohen
Beverly Turner

Frank Cobman
Robert & Patricia Feldmann
H & G / Schulz Door
Gus & Cyrilla Littekken
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Jon Harold Carey
Earl & Catherine Adkison
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Molly Castell
Lori Clemens
Don Donlon
Robert & Shirley Englehart
Betty Heller

Dale & Jill Hofstetter
T.M. & R.W. Lohmeyer
Dale & Norma Plank
Bob & Ann Schulte

Audrey Dori
Wolf Reimeker Truck Service
William “Bill” Duer
Pat & Audrey Britt
Terry Phillips
Steve & Rita Walmart
Mariana Falcone
Joseph & Alison Falcone
Edgar H. Falkner
Brad & Debra Gruneberg
Mary Timmerberg & Family
Ronald Fenster
Mike & Bernice Resnick
Edward Foster
Beverly Shabansky
John “Jack” Fries, MD
Daniel Abodeely
Susan F. Barad
Mike & Barbara Bush
Shirley Callison
Aimee Campbell
Don & Carol Carlson
The Costas Family
Marlene Crowley
Mary Rose Desloge
Kathryn & John Dubuque
Rita Eisenman
Bill & Lynn Elliot
Charlie & Joan Forrest
Nancy & Byron Francis
Steve Gall & Michelle Combs
Cynthia & Nelson Grumney
Scott & Michelle Harris
Sonny & Harold Helmkep
Michael & Terri Hennessey
Ellen & Joe Horan
Joan & Jack Hughes
Tom & Linda Langsdorf
Trish & Dick Lazaroff
Wanda & Mike Leopold
Melanie & Tom Litz
Laura Lukene
George & Nancy Marble
Rich & Joan Marra
Ernest & Laurie Marx
Dooley & Forbes McMullin
Donald P. Nies
Michael Orlando
Dr. & Mrs. Leroy Ortmeyer
William & Jean Ruhe
Mr. & Mrs. James Schneithorst
Kevyn Schroeder
Debbi & Kevin Seelman
Robert Smith
Sharon Steis
Edward & Jean Szoko
Pam & Paul Tveit

Lazarus “Larry” Gelstein
Bob & Debi Feit
Carol Giger
Don Giger
Herb Greenberg
Mark & Nancy Kodner
Jean Ann Hale
The Bourgeois Family
Olivia Burt
Merry Clinic Children’s Heart Center
Marcia Pozzo
Richard Taylor
Loretta A. Hesterberg
Jim & Linda Jandro
Russell & Patricia Row
Mark & Terry Schonhoff
Mary & Gary Schroeder
Dave & Diane Snively
Louis Hirshberg
John & Cookie Meyer
Joy & Robert Stafford
Dixie Holland
William & Sue Christie
Robert L. “Bob” Jackson
Jim Altadonna
John & Jan Altadonna
Roger & Cheryl Bowie
Patty Carlson
Mary Ann Collins
Linda Kuhn
Ron Lueking
Billie Miller
Bill & Karen Petrea
Jimmie D. Pierce
Carolyn Skibinski
Joan Jurkiewicz
Lynn Frank

Earl K. “Bum” Kesner
Gary & Linda Andraskus
Bill & Kathy Dunagan
Delores & Mike Halbe
Duane & NJ Hartleib
Dave & Diane Heim
Ted & Teresa Kesner
Grace Korte & Family
Dennis & April Kusterman
Herman & Margaret Louer
Joanne Michael
Roy & Viola Reding
Dean & Delores Rinderer
Roger Rinderer & Family
Donald Snibus
Catherine Von Rohr
Gary & Linda Werner
Ray & Connie Werner
Arlene & Leo Wunder
Mr. & Mrs. Tom Zobrist

David M. Kohner
Lennis Bange
Roz & George Barber
John & Christine Berg
Howard & Sarah Berk
Delores & Jack Berman

continued on next page
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>David &amp; Margie</td>
<td>Timmerman</td>
</tr>
<tr>
<td>Pamela &amp; Gary Wheatley</td>
<td></td>
</tr>
<tr>
<td>Stan &amp; Donna Wilensky</td>
<td></td>
</tr>
<tr>
<td>Tommy Wilson</td>
<td></td>
</tr>
<tr>
<td>Dick &amp; Margie</td>
<td>Zimmerman</td>
</tr>
<tr>
<td>Ione Masterson</td>
<td>A family friend</td>
</tr>
<tr>
<td>Bill &amp; Marguerite Maxton</td>
<td>Norman &amp; Mac Hanna</td>
</tr>
<tr>
<td>Audrey McAlvey</td>
<td>Ray &amp; Shirley Knopp</td>
</tr>
<tr>
<td>Elvera “Mutz” McFarland</td>
<td>Lisa Huebner</td>
</tr>
<tr>
<td>Louise Busch</td>
<td>Tom &amp; Betty Rice</td>
</tr>
<tr>
<td>Irene Fischer</td>
<td>David &amp; Linda White</td>
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<tr>
<td>Jim &amp; Sandy Fleming</td>
<td>Marilyn Young</td>
</tr>
<tr>
<td>Mickey &amp; Kristie Mayer</td>
<td></td>
</tr>
<tr>
<td>William McHenry</td>
<td>Robert &amp; Barbara Rutledge</td>
</tr>
<tr>
<td>Norman S. McMullen</td>
<td>Rita McMullen Smith</td>
</tr>
<tr>
<td>Wickie “AL” Mieleczak</td>
<td>Ken &amp; Louise Brockmeier</td>
</tr>
<tr>
<td>Richard &amp; Patricia Patrilli</td>
<td></td>
</tr>
<tr>
<td>William “Bill” Mill</td>
<td>Dorothy Mill</td>
</tr>
<tr>
<td>Angelo &amp; Betty Panourgias</td>
<td></td>
</tr>
<tr>
<td>Larry Million</td>
<td>Emerson</td>
</tr>
<tr>
<td>Cheryl Teel</td>
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<tr>
<td>Mary Ann &amp; Louis T. Moreland</td>
<td>Kay Bruchhauser</td>
</tr>
<tr>
<td>Ray &amp; Jerry Stock</td>
<td></td>
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<tr>
<td>Dally Sitzer</td>
<td>Gail &amp; Larry Glenn</td>
</tr>
<tr>
<td>William Sodemann</td>
<td>Patric &amp; Dennis Czajkowski</td>
</tr>
<tr>
<td>George Theodore</td>
<td>Amélia Theodore</td>
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<tr>
<td>Dr. Kevin Toal</td>
<td>Mimi Wachsmann</td>
</tr>
<tr>
<td>Joseph Tretter</td>
<td>Sue &amp; Sol King</td>
</tr>
<tr>
<td>John Vaeth, Jr.</td>
<td>Laverne &amp; Wilfred Mehner</td>
</tr>
<tr>
<td>Gordon E. Wall</td>
<td>Marilyn Wall</td>
</tr>
<tr>
<td>Wayne “Jim” Watkins</td>
<td>Bob Fields</td>
</tr>
<tr>
<td>Walter Weber</td>
<td>Barb Lindhorst</td>
</tr>
<tr>
<td>Sara Marie Weisser</td>
<td>Ameren AM&amp;IT</td>
</tr>
<tr>
<td>Audrey Behr</td>
<td>Mike Kroeger &amp; Dot Boyer</td>
</tr>
<tr>
<td>Carol Chranowski</td>
<td>Bonnie Kirchhoff</td>
</tr>
<tr>
<td>Reitz Family</td>
<td>Tami &amp; Richard Ritz</td>
</tr>
<tr>
<td>Carolyn Stephens</td>
<td>Joanne Strauss</td>
</tr>
<tr>
<td>Jack Strosnider</td>
<td>Carol Wohlsteller</td>
</tr>
<tr>
<td>Richard “Dick” Wolf</td>
<td>Nancy Hamburger</td>
</tr>
<tr>
<td>Susan &amp; Andrew Harmon</td>
<td>Allan &amp; Marcia Kohm</td>
</tr>
<tr>
<td>Dan &amp; Judy Marks</td>
<td>Jerry &amp; Carole Rich</td>
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<tr>
<td>Carol Ann Warren</td>
<td>Carol &amp; Sam Valencia</td>
</tr>
<tr>
<td>Terri &amp; Steve Winter</td>
<td>Lewis Zamudio</td>
</tr>
<tr>
<td>Patrick Noel Fresh</td>
<td></td>
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<tr>
<td>Let’s Thrive</td>
<td></td>
</tr>
<tr>
<td>W are pleased to announce that the American Parkinson Disease Association of Greater St. Louis has been enrolled as a participating organization in Thrivent Choice. Thrivent Choice is a charitable grant program that allows eligible members to recommend where Thrivent Financial distributes part of its charitable grant funds each year. Our heartfelt thanks to Rilla Fisher-Pugh whose tenacity helped us achieve this goal of making APDA Greater St. Louis eligible for Choice dollars. We hope you will contact your employer to help enroll us as a participating organization and to request matching funds where available. By working together, we will accomplish our mission of easing the burden for people with Parkinson disease and their families, and ultimately finding a cure.</td>
<td></td>
</tr>
</tbody>
</table>
Tremble Clefs Makes Its Debut!
Linda McNair, MT-BC

The Greater St. Louis Chapter of the APDA now has its own Tremble Clefs group, which began in January 2014. Tremble Clefs is a national therapeutic singing program specifically designed for people living with Parkinson’s, their family members, and care partners. It was originally founded in 1994 by Karen Hesley in Phoenix, Arizona.

The purpose of the group is based on four objectives:

• Enhancing vocal skills through breathing, posture, and voice volume
• Improving posture, balance, and mobility through moving to music
• Having fun singing with others
• Sharing music with larger audiences for fun and to promote Parkinson’s awareness

Members of the group need not be able to read music, and no auditioning is required. The variety of songs includes everything from patriotic to Beatles’ selections. Linda McNair, a board certified music therapist, is the musical director for the newly formed group. Linda Morton, a Washington University graduate student in occupational therapy, assists with implementing movement to the songs. Tremble Clefs meets each Saturday from 1:30 to 2:45 p.m. at the Salem United Methodist Church located at 1200 South Lindbergh Blvd.

Please contact the Greater St. Louis APDA office at 314-362-3299 to register. New members are welcome!

Consider this your personal invitation to come out and see how much fun we’re having.

Clinical Trial on Drooling in Parkinson Disease

Dr. Brad Racette, at the Washington University School of Medicine, is participating in a research study investigating a medication for drooling associated with Parkinson disease and other medical conditions. The study is sponsored by Solstice Neurosciences, LLC. Sialorrhea (drooling) is defined as an excess spillage of saliva, which may be due to an inability to control oral secretions, excessive saliva production, or excessive pooling of saliva. Drooling is a common problem in people with neurologic (brain) impairments, such as Parkinson disease, adult cerebral palsy, and stroke. Sialorrhea (drooling) can significantly affect a patient’s quality of life and, if left untreated, pooling/spillage of saliva can lead to aspiration and infection. The primary purpose of this study is to determine if rimabotulinumtoxin B (Myobloc injection) works better than a placebo (no active drug) in reducing or lessening the amount of saliva produced by the salivary glands.

To take part in the study, individuals must be between 18 and 85 years old and be seeking treatment for troublesome drooling. Participants must not have had prior treatment with rimabotulinumtoxin B (Myobloc). Participation may last up to 65 weeks and includes up to 19 office visits and periodic phone contacts. For more information, please contact Karen at 314-747-0514 or mcdonnellk@neuro.wustl.edu.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<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>2:00 PM</td>
<td>Gayle Truesdell</td>
<td>636-923-2364</td>
</tr>
<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>
</tr>
<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, Nancy Rapp</td>
<td>636-532-6504  636-537-3761</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>For Caregivers Only APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>2nd Monday</td>
<td>10:30 AM</td>
<td>Dee Jay Hubbard</td>
<td>314-362-3299</td>
</tr>
<tr>
<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>573-356-6036</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Pre/Post-DBS Group Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl. CLI Rm. 419</td>
<td>3rd Tuesday</td>
<td>6:30 PM</td>
<td>Joe Vernon</td>
<td>314-614-0182</td>
</tr>
<tr>
<td>Creve Coeur</td>
<td>St. Louis</td>
<td>Young Onset Living and Working with PD Missouri Baptist Medical Center 3015 N. Ballas, Main Parking Garage 4th fl. CLI Rm. 419</td>
<td>3rd Tuesday</td>
<td>6:30 PM</td>
<td>Doug Schroeder</td>
<td>314-306-4516</td>
</tr>
<tr>
<td>Festus/Crystal City</td>
<td>Jefferson</td>
<td>Disability Resource Association 130 Brandon Wallace Way</td>
<td>3rd Tuesday</td>
<td>1:00 PM</td>
<td>Penny Roth, Sara Dee</td>
<td>636-931-7696 x129</td>
</tr>
<tr>
<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>Nancy Robb</td>
<td>314-869-5296</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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 x56765</td>
</tr>
<tr>
<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>
</tr>
<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, David Dalton</td>
<td>573-356-6036  573-434-4569</td>
</tr>
<tr>
<td>Poplar Bluff</td>
<td>Butler</td>
<td>Poplar Bluff Regional Medical Center 3100 Oak Grove Rd. Ground Floor Education Room 3</td>
<td>2nd Monday</td>
<td>6:00 PM</td>
<td>Charles Hibler, register with Beryl or Dana</td>
<td>573-785-6222  855-444-7276  573-776-9355</td>
</tr>
<tr>
<td>Rolla</td>
<td>Phelps</td>
<td>Rolla Apartments 1101 McCutch en</td>
<td>4th Thursday</td>
<td>2:30 PM</td>
<td>Hayley Wassilak</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>Mercy Hospital 1235 E. Cherokee</td>
<td>2nd Thursday</td>
<td>2:00 PM</td>
<td>Randi Newsom, RN, BSN</td>
<td>417-820-3157</td>
</tr>
</tbody>
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## Missouri Support Group Calendar

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Meeting Site</th>
<th>Day of Meeting</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>St. Peters</td>
<td>St. Charles</td>
<td>Spencer Road Library 427 Spencer Rd., 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>Trenton</td>
<td>Grundy</td>
<td>Royal Inn 1410 E. 9th Street</td>
<td>1st Thursday</td>
<td>10:00 AM</td>
<td>Novy &amp; Mary Ellen Poland, Gloria Koon</td>
<td>660-357-2283, 660-485-6558</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>
<tr>
<td>Wentzville</td>
<td>St. Charles</td>
<td>Twin Oaks at Heritage Pointe 228 Savannah Terrace</td>
<td>1st Thursday</td>
<td>1:00 PM</td>
<td>Ann Ritter, Sherrie Rieves</td>
<td>636-336-3168, 636-542-5400</td>
</tr>
</tbody>
</table>

## Illinois Support Group Calendar

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, check our website, [www.stlapda.org](http://www.stlapda.org), or call the APDA Information & Referral Center or the facilitator. Information that has changed since the last [Link](http://www.stlapda.org) appears in bold.

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<tbody>
<tr>
<td>Alton</td>
<td>Madison</td>
<td>Senior Services Plus 2603 N. Rodgers Ave.</td>
<td>2nd Tuesday</td>
<td>9:30 AM</td>
<td>Kim Campbell</td>
<td>618-465-3298 x146</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>Champaign</td>
<td>Champaign</td>
<td>Savoy United Methodist Church 3002 W. Old Church Road</td>
<td>Every Monday</td>
<td>10:00 AM</td>
<td>Charles Rohn, Chuck Arbuckle</td>
<td>217-549-6167, 217-586-3100</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>John Kileen</td>
<td>217-620-8702</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>Nancy Goodson, Rick Rogier, Jeanette Kowalski</td>
<td>618-670-7707, 618-288-3297, 618-288-9843</td>
</tr>
<tr>
<td>Jacksonville</td>
<td>Morgan</td>
<td>Passavant Area Hospital 1600 N. Walnut—Meeting Room 2</td>
<td>1st Wednesday Apr.-June, Aug.-Sept.</td>
<td>6:00 PM</td>
<td>Karen Ladd</td>
<td>217-243-4904</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>618-643-3888</td>
</tr>
<tr>
<td>Springfield</td>
<td>Sangamon</td>
<td>Christ the King Parish Ctr. 930 Barberry Dr., SW Bldg.</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>
Exercise Classes

The APDA now offers 15 exercise classes that meet weekly in the Greater St. Louis area. Exercise is essential to managing Parkinson symptoms and slowing the progression of the disease. Our patient services funding comes from donations and is limited, so we encourage those who wish to attend multiple classes to make a $5 per week donation. This minimal donation helps us to defray the cost of the classes which run around $10 per person to cover the instructors’ salaries, room rentals, and equipment. This donation request is on an honor system, and we don’t turn anyone away from attending as many classes as they choose. To make a donation for exercise classes, use the blue envelope in your newsletter and note that it is for exercise class. Many people choose to pay quarterly to reduce the number of checks they write each month. Any amount you can contribute is used exclusively for our patient services to keep these programs free or at little cost to our patients.

Our Exercise Classes meet once a week or otherwise as noted. Information that has changed since the last LiNK appears in bold. Attend one class per week at no charge or for $20/month, attend as many classes as you want. No RSVPs are required. Check our website, www.stlapda.org, or call to find out any changes since publication.

<table>
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<tbody>
<tr>
<td>Clayton</td>
<td>St. Louis</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>Chesterfield</td>
<td>St. Louis</td>
<td>St. Luke’s Deslodge Outpatient Center 121 St. Luke’s Center Drive</td>
<td>Monday</td>
<td>10:00 AM</td>
<td>Sarah Farnell, OT</td>
<td>314-205-6934</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>Friendship Village 15201 Olive Blvd. Friendship Hall #5</td>
<td>Tuesday</td>
<td>1:30 PM</td>
<td>Jessica Andrews</td>
<td>636-733-0780 x7719</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>St. Louis</td>
<td>APDA Community Resource Center 1415 Elbridge Payne, Suite 150</td>
<td>Wednesday or Friday</td>
<td>10:00 AM 11:30 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>1:30 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>Spring Session</td>
<td>1:00 PM Tuesdays</td>
<td>Brenda Neumann</td>
<td>636-896-0999 x21</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 Lautenschlegier, PTA</td>
<td>314-355-6100</td>
</tr>
<tr>
<td>Joplin</td>
<td>Jasper</td>
<td>United Methodist Church 1730 Byers Ave.</td>
<td>Monday</td>
<td>2:15 PM</td>
<td>Nancy Dunaway</td>
<td>417-623-5560</td>
</tr>
<tr>
<td>Kirkwood</td>
<td>St. Louis</td>
<td>RehabCare 439 S. Kirkwood Rd., Ste.200 Park in rear</td>
<td>Thursday</td>
<td>1:00 PM</td>
<td>Brandon Takacs</td>
<td>618-971-5477</td>
</tr>
<tr>
<td>Ladue</td>
<td>St. Louis</td>
<td>Tremble Clefs Singing Salem United Methodist 1200 S. Lindbergh Blvd. Lower Level Choir Room</td>
<td>Saturday</td>
<td>1:30 PM</td>
<td>Linda McNair &amp; Linda Morton</td>
<td>314-362-3299</td>
</tr>
<tr>
<td>South St. Louis County</td>
<td>St. Louis</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>Spring Session</td>
<td>2:00 PM Thursdays</td>
<td>Brenda Neumann</td>
<td>636-896-0999 x21</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>
Did you know that we produce 9,000 newsletters each quarter? Help us manage our expenses by letting us know when you move, if you want to be removed from the mailing list, or if you’d rather receive an electronic version. Just call 314-362-3299 or email guyerd@neuro.wustl.edu to let us know! Thank you in advance for helping us spend our resources wisely!

eScrip

Remember to use your eScrip card every time you check out at Schnucks grocery stores and earn dollars for APDA Greater St. Louis Chapter!

Check out our Facebook page at www.facebook.com/APDAGreaterStLouisChapter

Mark your calendar!

May 6
Give STL day – Make an online donation at givestlday.org to benefit the APDA Greater St. Louis Chapter

May 19
APDA Golf Classic honoring the memory of Jack Buck. Reservations required and space is limited. See website for further information.

August 16