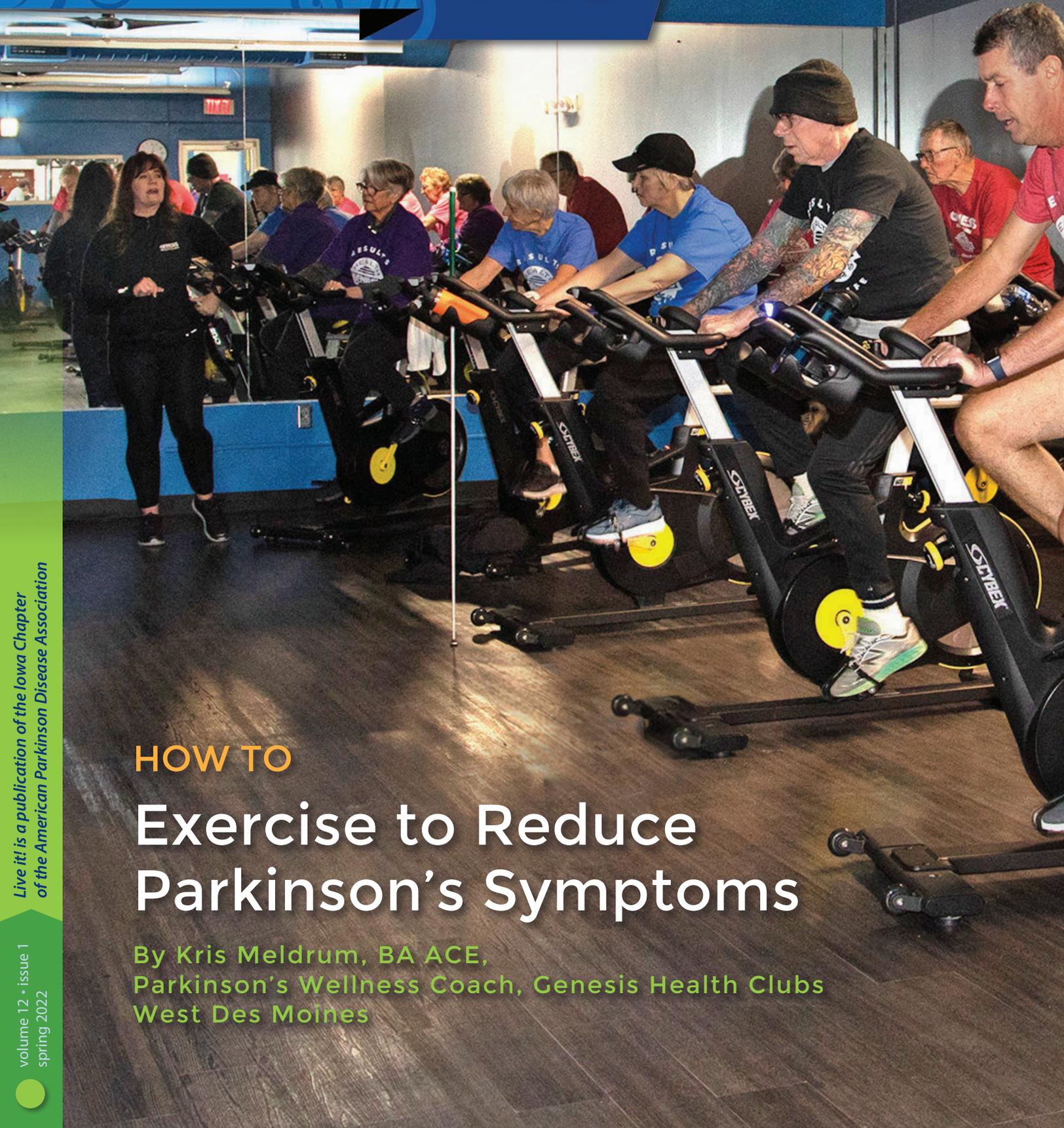


Live it!

A Resource for Iowans with Parkinson's Disease and those who care for them.



HOW TO

Exercise to Reduce Parkinson's Symptoms

By Kris Meldrum, BA ACE,
Parkinson's Wellness Coach, Genesis Health Clubs
West Des Moines

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Reader Submissions

Live it! magazine is intended to be a voice for the Parkinson's disease community. We encourage and are pleased to consider our words, an article, art, and photo submissions for future issues from our readers – anything that shows how you Live It! Please send your submission requests to Iowa Parkinson's Disease Association, PO Box 643, Ankeny, IA 50021 with *Live It!* On the attention line, or email them to apdaiowa@parkinson.org. Please note: The decision to include reader submissions is at the discretion of the editorial staff. The editorial staff reserves the right to edit or otherwise alter any material submitted. If you would like submission material returned to you, please include a stamped, self-addressed envelope.

Disclaimer

All material related to Parkinson's disease contained in this magazine is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's physician. Specific articles reflect the opinion of the writer and are not necessarily the opinion of the editorial staff, the medical director, The Iowa Chapter of APDA, or the APDA.

from the Board President



Jeff Raines
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Welcome *Live it!* Readers,

Welcome to this edition of the Live It! Magazine. We hope you will find the information included here to be helpful as you travel your Parkinson's Disease journey, either as a patient, as a family caregiver, or as a professional caregiver. I want to especially thank the Managing Editor Kay Arvidson for her volunteer efforts in coordinating and assembling such a wonderful publication.

As we start to get out and about more, we are excited that this year the annual conference will be in person. Precautions will be taken to assure the safety of attendees. We will be designating areas of the presentation rooms to be "mask only" and "no mask." You will have the ability to choose your comfort level and desire to wear a mask. You will find registration information here for the upcoming June 17 conference to be held again at Lutheran Church of Hope in West Des Moines.

I would like to take this time to recognize Bob Miller, the previous board president, for all of his great work and service to the Parkinson's community. Bob worked tirelessly for many years, including a year and 9 months during which many things were shut down due to Covid. Still, the Iowa Chapter continued to provide resources and information to the PD community. Bob's wife Victoria was also on the board during that time, and we thank her for her service as well.

Our current board is blessed with many tremendous leaders who strongly desire to help any and all PD patients and their families wherever they live in Iowa. We will be making a strong effort toward reaching out throughout the state of Iowa, as well as continuing to serve the central Iowa area. As an example of this, we will be co-sponsoring with On With Life the Eastern Iowa conference in the Iowa City area in October. We are also gathering together information for new PD families that we will be sending to clinics and doctors throughout the state. Included will be resources and helpful information for those that just aren't sure what the next step should be.

Our staff and board are here for you regardless of the question or concern. Our goal is to help you and your family live your best lives possible. A PD diagnosis is the start of a new beginning, and we are here to travel that road with you however we can assist you.

Be blessed,

Jeff Raines
American Parkinson's Disease Association, Iowa Chapter



from our
**medical
 director**



Lynn K. Struck, MD
 Neurologist
 Physician Specialty Clinic
 UnityPoint Health – Des Moines

The Iowa Parkinson Disease Association, Iowa Chapter, and Live It! Magazine are privileged to have board-certified clinical neurologist Lynn K. Struck MD as our advisory medical director. Dr. Struck is on staff with Unity Point Health Physicians, Des Moines, and is a leading expert in movement disorders in Iowa. She has focused her career on advances in treatment of her many patients with Parkinson's disease and ongoing research to find better treatments and, ultimately, a cure.

Driving Ability

We are all anxious to begin venturing out after two difficult years with COVID. With that in mind, many people are going to be traveling more. In some cases that will involve driving. First, individuals with PD often are able to continue to drive for many years. Your safety and the safety of others on the road though has to be taken into consideration.

Driving is a multifactorial task. It requires good mobility, reaction time, depth perception, vision/hearing, and being able to multi-task. There are many visual and spatial inputs that occur simultaneously with driving.

I am asked frequently when Parkinson's may impact driving ability. The major predictors of impaired driving in PD include older age, longer duration of disease, slowed movements and cognitive impairment.

Warning signs that indicate your driving is impaired:

Getting lost on familiar routes or forgetting where you're going	You drive considerably slower than the rest of traffic	Trouble switching lanes
Stopping or slowing down when unnecessary	Drifting in and out of the lane	Forgetting to use traffic signals
Drowsy/ too tired	Stressed with driving	Friends/family bring up that they have concerns

If you have these warning signs. It is time to discuss this with your provider. There are a number of on-the-road assessments available to assess your performance.

Lynn K. Struck, MD

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KEYNOTE SPEAKERS



Write a New Chapter in Your PD Journey...And Make It an Inspiring One

Brenda Clark Hamilton, MA Ed.
Fresh Coffee Professional Growth Programs



Exercise – Medicine for Parkinson's Disease and the Aging Brain

David Zid, BA ACE APG and
Jackie Russell, RN BSN CNOR
Total HealthWorks
Co-Founders OhioHealth Delay the Disease



Fusing the Virtual and Real-worlds to Aid in the Diagnosis and Treatment of Parkinson's Disease

Jay L. Alberts, Ph.D.
Vice Chair of Innovations, Cleveland Clinic
Founder Pedaling for Parkinson's



Non-Motor Symptoms of PD

Lynn Struck, MD
Neurology Movement Specialist, Unity Point
APDA Iowa Medical Director

BREAK OUT SESSIONS

Finding Helpful Local Resources

Valerie Stickel-Diehl, RN MS MSN, MercyOne
Kay Vanags, BS LBSW Aging Resources of Central Iowa

Unleashing the Power of Nutrition in Managing Parkinson's

Jessica Schroeder, RDN LD Expedition Wellness

Get Your Affairs in Order! Estate Planning After (and before) A Diagnosis

Chris Johnston and Jason Yates, Attorneys at Law
Law Group of Iowa

Sleep in Parkinson's Disease and Related Disorders

Stuart McCarter, MD Mayo Clinic

Deep Brain Stimulation

Jeremy Greenlee, MD University of Iowa Hospitals

Healthworks Exercise Workshop

David Zid, BA ACE APD and Jackie Russell, RN BSN CNOR
Total HealthWorks Co-Founders

Research at ISU; Stronger than Ever

Elizabeth Stegemöller, Ph.D.
Iowa State University College of Human Sciences

Young Onset Parkinson's Unique Challenges

Karen Halder, RN, Patty Kumbera, RPh
Mischelle Denison and Scott Kalway, Persons Living with PD



How to Exercise to Reduce Parkinson's Symptoms

The Science Behind Parkinson's Exercise

By Kris Meldrum, BA ACE, Parkinson's Wellness Coach, Genesis Health Clubs, West Des Moines

Vetted by Dr. Jay Alberts, Vice Chair of Innovations within the Neurological Institute, holder of the Bell Family Endowed Chair, and staff in the Department of Biomedical Engineering of The Cleveland Clinic. See Dr. Alberts speak at our **Stronger Than Ever** Statewide Conference June 17. The following is an excerpt from Kris Meldrum's article on *The Science Behind Parkinson's Exercise* published by the Davis Phinney Foundation, April 13, 2022. Find it in its entirety online at <https://davisphinneyfoundation.org>

Exercise has the profound ability to change a person's life who has a neurological disease. I have worked with countless students over the years and have seen firsthand how exercise enables them to do things that they didn't know, or think were possible. Meet a few of my students'. Jane Collison started exercising the moment she was diagnosed with early onset Parkinson's Disease (PD). Neuro Cycling, Rock Steady Boxing (RSB) and The OhioHealth Delay the Disease™ (DTD) classes were in her exercise arsenal. Jane viewed exercise as her new job. With this mindset, she and her doctor were able to choose little medication for her care. That hasn't changed over the last eight years. "I had everything to win if exercise worked and little to lose if it didn't!" shared Jane Collison.

My new student, Joe Hingl, was diagnosed with Multiple Sclerosis (MS) four years ago and came to class walking with a cane. He quickly became the life of the party and makes everyone in class laugh and smile with his amazing sense of humor. He also works extremely hard in class—cycling three-times-a-week and participating in DTD class two-times-a-week. Four months after he began attending classes, he no longer needed to use his cane. "I have benefited from classes both mentally and physically. It is very important to have our support group. It helps to know other people have challenges to overcome and we are not alone in our daily struggles. We must work hard every day to maintain and delay the progression of our illness," commented Joe.

A Lesson from COVID

For a long time, people with Parkinson's were sent home after being diagnosed and told to sit and not exercise. Inactivity, we now know, accelerates the progression of

Parkinson's disease. During the 2020 COVID Pandemic inactivity was heightened for Parkinson's patients and that translated into more physical and mental symptoms. 2021 research showed that Parkinson's people experienced, "worsened symptoms . . .slowness, stiffness/rigidity, tremor, gait, freezing of gait, speech, easy fatigability, pain, sleep disorders, concentration, feeling stressed, anxiety–depression, constipation, and forgetfulness." ¹ (Balci)

How RAGBRAI Opened the Door for Change

It was a bike ride across Iowa in 2003, called RAGBRAI, that would forever change treatment for Parkinson's patients. A young research scientist convinced a group of Parkinson's people and their caregivers to join him in the trek across the Midwest state. His name was Jay Alberts. (Today he is renowned Parkinson's expert Dr. Jay Alberts, Ph.D., the Vice Chair of Innovations within the Neurological Institute, holder of the Bell Family Endowed Chair, and staff in the Department of Biomedical Engineering of The Cleveland Clinic.) Many of Albert's crew were riding on tandem bikes. One couple hadn't made it very far into the eight-day ride (only one-day) and they were already "debating the optimal approach to making it across Iowa on a tandem bike." Alberts told the wife, Cathy Frazier, a woman with PD, that they should finish out the ride together on the tandem to preserve marriage and friendships. As they rode along, pedaling at a furious pace, Cathy proclaimed at the end of each day that she didn't feel like she had Parkinson's. Even more surprising was that her handwriting improved when she stopped along the way to write cards—it was bigger and more legible. Other PD people, whose symptoms were getting better on subsequent rides, made Dr. Alberts realize that he needed to do PD exercise research in addition to his Deep Brain Stimulation (DBS) research.

From Cornfields to Clinical Trials

The journey went from the cornfields to clinical trials in 2007 to determine how the brain works to improve motor function in PD patients. During the clinical trial Dr. Alberts compared two cycle groups of PD patients: one group riding on a tandem bike at a “forced-paced” (pedaling at a higher level than they normally would by themselves) versus a group riding at “voluntary-paced” (pedaling at their own pace). While both groups improved aerobically, the VE (voluntary effort exercise) Group did not exhibit any improvement on the motor scores of the Unified Parkinson’s Disease Rating Scale (UPDRS). It’s important to understand the Voluntary Effort Group received ZERO improvement for Parkinson’s symptoms. Even though they rode the same amount of time and distance. The FE (forced effort exercise) Group improved 35% from baseline. This group also had substantial improvement in their overall motor function—balance, tremor, stiffness, and Bradykinesia. Also, the FE Group maintained those benefits up to four weeks after they stopped cycling. This resulted in the 2009 landmark study titled Forced, Not Voluntary, Exercise Improves Motor Function in Parkinson’s Disease and was one of the first real proclamations that exercise should be part of the PD prescription, in addition to medication, for Parkinson’s patients going forward.

Dr. Alberts has dedicated over 18 years researching PD exercise, deep brain stimulation, and advanced technology for the diagnosis and treatment of PD. Exercise programs, like RSB and DTD were founded on the premise of Dr. Albert’s FE study. So, when you go to a Neuro Cycle Class, a Pedaling for Parkinson’s class, a RSB class, a DTD class for example—these classes are designed to help your brain rewire for change through this concept of forced exercise or high intensity exercise.

What Happens To Your Brain While You Exercise

What’s happening in your brain while you exercise? As you are performing “the cardio” your muscles contract and release a hormone called Irisin. Irisin is called “the exercise hormone” and it in return releases into the brain a protein called Brain Derived Neurotrophic Factor (BDNF). This is key because it helps maintain neurons and create new ones.

How to Exercise to Get Results

When you exercise at your own pace and don’t get your heart rate aerobically up to the 70-90 percent of maximum heart rate percentage for the 45-minute period (using the National Academy of Sports Medicine (NASM) heart rate

equation) you are not going to get the results seen by the FE group. And this is what I want people to understand. There is a formula, if you will, of how to exercise, to get results for your Parkinson’s symptoms. For the brain to change, it is highly dependent on variables: specificity, difficulty, complexity, and intensity. In cycling, it is riding a bike at 80 rpm, or above specifically, and achieving a certain intensity, for the change to occur. In boxing, it’s the intensity and complexity of movement for a specific amount of time that must occur for the brain change. Rewiring the brain to help your PD symptoms doesn’t just happen. All these things work together in concert for the change to occur.

Inactivity, we now know, accelerates the progression of Parkinson’s disease.

So, if you want 35% improvement to your Parkinson’s symptoms and slow the progression of your disease you need to learn to cycle at 80 rpm for 45 minutes at least three-times-a-week. Or box, treadmill run/walk at these higher intensities. My PD, MS, Alzheimer (AD), and stroke students have all been able

to do it. Many of my students start with 10 minutes on the bike and ride at 50 rpm. But, within a few months, they are shocked that they are riding a 45-minute class much faster than they ever thought possible.

And, when I hear anyone tell me they will never be able to do it—I tell them to come over and meet Sandy. She is my stroke patient who is completely paralyzed on one side of her body. It took us a few tries to get her up onto the bike, but once up there, she was able to gain both speed and time. Now, she can ride between 80-90 rpm, and she can easily ride 45 minutes. After her first two years on the bike, she gained enough leg strength that she was able to stand up in the saddle—which was her personal goal. Cycling is her favorite exercise.

Neuro Cycling/Pedaling for Parkinson’s

As I mentioned above, you work gradually over time to get to the 80 rpm and the 45-minute class. Cycling not only improves motor and non-motor symptoms, but it improves leg strength which is important as we age to help with fall prevention. Another 2013 FE study by Dr. Alberts compared how medicine and “forced exercise” compared through brain imaging. The results found FE improved patient’s motor functions clinical



ratings by 51% compared to 33% in patients who received medication.² (Alberts) A 2020 tandem cycling research study in Columbia found **BDNF levels increased more than 10-fold after high-intensity (IG)** Group cycling three-times-a-week for 16 weeks. It is important to note that the **BDNF levels decreased in the Low Intensity Control Group.** “Plasma BDNF levels increased more than 10-fold in the (Intervention Group) IG and decreased in the (Control Group) CG, a significant difference. Larger increases in plasma BDNF correlated with greater decreases in UPDRS.”³ (Segura).



Rock Steady Boxing (RSB)

RSB is jam-packed with strength, power, balance, and endurance components to its workout—which is why it’s such an

effective program, not only physically, but emotionally. The exercise is based on the cardinal PD symptoms of TRAP—tremor, rigidity, akinesia, posture. In 2019 the largest survey of RSB use in PD was conducted. RSB participants reported improvement in non-motor impairments and had significantly better Health-Related Quality of Life (HRQL) and Self-Efficacy for Exercise (ESE) compared to never-participants. “RSB participants report improvement in difficult-to-treat non-motor PD impairments, including fatigue, anxiety, depression, and fear of falling, as well as improvement in their social life”⁴ (Danielle) My student Don Pugsley has found that when he boxes in the morning, by the time he sits to watch the evening news, his tremors have subsided even before he has taken his medication. “I could even say exercise eliminates my tremors. That’s a pretty bold statement, but it definitely takes it back to ground zero,” shared Don.



Delay the Disease (DTD)

DTD class is a Parkinson’s-specific exercise program that helps students practice on their symptoms. DTD creates an environment that promotes support, community, and comradery. Each class includes short bursts of high-intensity aerobic work followed by PD-specific task. These are incorporated at a challenging level of difficulty for all functional abilities. DTD is a great compliment to other cardio-based classes like neuro cycle and RSB where the cardio portion is much longer. Founder’s Jackie Russell and David Zid completed their 2020 three-year retrospective review of DTD students and demonstrated clinically significant improvement in: 1) fall risk 2) quality of life 3) depression and 4) functional mobility.

Exercise is Your New Job

My message to people with neurological diseases is that “exercise is your new job.” You are the most important person to everyone in your life and taking care of you must come first. If you don’t know where to begin, find a program or class near you and just go watch. See what its all about. Try everything. I can’t tell you how many people didn’t think they would like cycling and then LOVE it. The same for boxing. Start gradually and work your way up. You will find yourself with the best support system you could have ever dreamed of having. My students motivate and support each other. My student Linda O’Hair was a caregiver to her husband with Parkinson’s for over 20 years and then was diagnosed with PD herself. Yet she will rally the troops. “I’m not going to let Parkinson’s beat me, and exercise is the only way I can do it!” says Linda.

Photo credit for this article and the cover: Laraine Davis

CITATIONS

1 Balci, Birgul et al. “Impact of the COVID-19 pandemic on physical activity, anxiety, and depression in patients with Parkinson’s disease.” *International journal of rehabilitation research. Internationale Zeitschrift für Rehabilitationsforschung. Revue internationale de recherches de readaptation* vol. 44,2

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4 Danielle Larson, Chen Yeh, Miriam Rafferty & Danny Bega (2021): High satisfaction and improved quality of life with Rock Steady Boxing in Parkinson’s disease: results of a large-scale survey, *Disability and Rehabilitation*, DOI: 10.1080/09638288.2021.1963854

ABOUT KRIS MELDRUM

Parkinson's Wellness Coach Kris Meldrum has more than 15 years in the fitness industry and worked a decade in the Medical Fitness Industry before starting Genesis Health Club's Neuro Wellness Program in 2020. She has published several Parkinson's/neurological articles that she vets through Dr. Jay Alberts, PhD, Vice Chair of Innovations within the Neurological Institute, holder of the Bell Family Endowed Chair, and staff in the Department of Biomedical Engineering of The Cleveland Clinic. Kris is an ACE Senior Fitness Specialist; an ACE Certified Group Fitness Instructor; an ACE Approved Parkinson's Cycle Coach; a Certified Madd Dog SPINNING Advanced Instructor; a Certified Rock Steady Boxing Parkinson's Head Coach; a Certified Parkinson's Delay the Disease Instructor and has completed the APDA Parkinson's Training for Fitness Professionals. Kris also speaks at Parkinson's Conferences about "The Science and Methodologies of Parkinson's Exercise—How to Exercise to Improve Symptoms" You can reach Kris at kris.meldrum@genesishealthclubs.com



JAY ALBERTS, PhD

See Dr. Alberts speak at our **Stronger Than Ever** Statewide Conference on June 17.



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The Neurophysiology Lab at Iowa State University Needs You!

The Neurophysiology Lab at Iowa State University is conducting a several new studies!

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STUDY 3: Effects of Music Training on Fluid Reasoning and Cognitive Inhibition in Older Adults with Parkinson's Disease.

STUDY 4: Outreach Groups and Health in Persons with Parkinson's Disease.

STUDY 5: UPDRS and Outreach Groups Study

STUDY 6: Complex Gait and Singing Study

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For eligibility requirements and further information, contact:

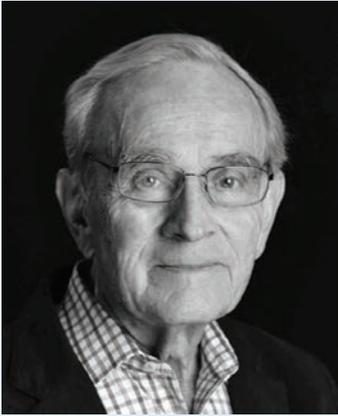
- Dr. Elizabeth Stegemoller at esteg@iastate.edu
- OR email the Neurophysiology Lab at iastate.neuromotor@gmail.com
- OR call (515) 294-5476



Living Well with Parkinson's

James Autry Interview

By Anne Scherer



When you are asked to interview someone you don't know, it's much like opening a Christmas present: you hope it's full of something that makes you feel good rather than white socks and underwear. Well, when I opened the gift of James Autry, it was evident my hopes had materialized.

Mr. Autry's profile is full of achievements. He is a former Fortune 500 executive, an author of fifteen books, a poet and business coach. It is an impressive resume of this 88 year old titan and I was fortunate enough to chat and discover a truly inspirational spirit.

No One's Experience is the Same

Just like no two snowflakes are the same, no one's experience with Parkinson's is the same. I asked him how he first knew something was wrong and he said that it wasn't due to tremors. In fact, he has never had them. His symptoms were subtle and could easily be attributed to aging. As the disease progressed, he began to deal with weakness, balance and fatigue issues. It is now, in his 8th year with Parkinson's, that he finds he can't walk without assistance.

He went to the doctor for balance and motor issues like not getting his finger on the hole in his clarinet. Little signals. The neurologist said not to move too fast. About 6 months later, another doctor gave the final and definitive diagnosis of Parkinson's.

Keep Active

So how does one face and live with the diagnosis? Autry says to keep active. He has a personal trainer once a week. However, it is also vital to maintain a strong and positive attitude and morale. Mr. Autry is quick to relay that he is an excellent driver. Also, he can raise his knee to his chin. However, when he stands up, he can't walk.

When asked if he had any major concerns, he admitted to worry about his travel being curtailed. So far it hasn't as he has adjusted to wheelchairs and whatever is needed to make things happen.

Be Grateful

These are minor issues that can be managed. He was more concerned with the situation of his dearest friend who is suffering with Alzheimers. Whatever he faces, he remembers, while this dear soul is held hostage by a failing memory. Of his travel challenges, Mr Autry said "No one should make fun of it, however, many suffer more than I and although I feel my symptoms more now, I am grateful." A statement that exemplifies the wisdom brought by his life experience.

Keep Laughing

I took away from the interview that if he had a mantra it would be, "Keep Laughing."

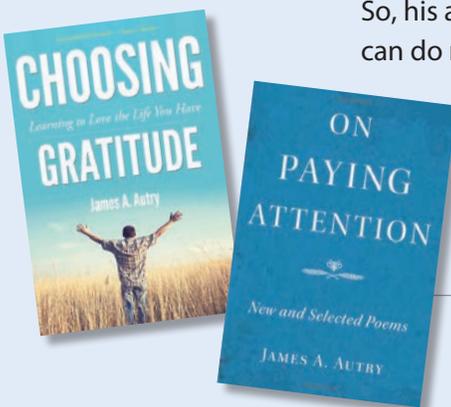
He quotes the editor of the Saturday Review who said to laugh yourself to health. He is aware that Parkinson's could kill him someday (although not fast moving as evidenced most notably by Michael J. Fox) but, he says, with any luck at all something else will kill him first!

So, his advice is to find the humor. Determine what you can do rather than how you have to be.

You have to be disabled. However, that is not what you can do!

—
Anne Shearer is a retired tax professional and APDA volunteer living in West Des Moines, Iowa.

Books by James Autry: "Choosing Gratitude" and "On Paying Attention - New and Selected Poems"



The power of love and caring can change the world.
- James Autry



James Autry, the poet,
shared this with us:

BLAME IT ON THE PARKINSON'S

*I have lived long enough to have an
excuse every time I screw up*

*Practicing the clarinet after all these years may
sharpen your fine motor skills" the doctor says.
And when I miss a note,
Blame it on the Parkinson's.*

*Here's a fellow party guest
I worked closely with for thirty years.
He used to have a name but I don't remember it.
Blame it on the Parkinson's.*

*Some say I shouldn't be driving
That my jet pilot reflexes have faded.
Ridiculous, I say, and when I turn too tight and
scrape the curb,
Blame it on the Parkinson's.*

*I reach for the coffee pot
And pulling my hand back sweep a glass off the
table, Then, trying to catch it, spill the coffee.
Blame it on the Parkinson's.*

*"Don't be clumsy", my mother would say, or
"Look at the mess you've made"*

*But those days are past, now I know my family
silently Just blame it on the Parkinson's.*

?

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What do I do?

A new series for *Live it!* Magazine

This edition's question: My doctor says I need to have my driving evaluated. What do I do?

(excerpts in this article are from the Iowa Department of Transportation website and On With Life, a brain injury rehabilitation center in Ankeny, West Des Moines, and Coralville, Iowa.)

For many, driving is a rite of passage that provides freedom and independence to get out and about, keep in contact with family and friends, and enables us to maintain our quality of life. One of the best ways of making sure we are able to keep driving for as long as possible is to keep our driving skills and knowledge up to

date. As we age, we may experience physical or cognitive changes that affect our driving. It's important to recognize these changes and utilize resources and advice on how to adapt if your driving is changing as you get older so you can keep driving safely for as long as possible.

Q What does a driving evaluation consist of?

A It consists of two parts:

Pre-Driving Clinical Evaluation: This assessment is designed to evaluate the driver's reaction time, processing speed, vision attention, judgement, motor skills required for driving (i.e.: brake reaction and arm function). The assessments of paper and pencil tests and driving simulation.

On Road Evaluation: This assessment is completed once someone passes the pre-driving evaluation. The participant goes on the road with the Driving Evaluator in the evaluation car. During the evaluation, the therapist is assessing the visual, physical and cognitive skills required for driving. The evaluation begins in a parking lot and if appropriate, will proceed to more heavily traveled roads.

Q What happens after the pre-driving clinical evaluation?

A The evaluation results for the pre-driving evaluation are compared to established standards/normative values. If the pre-driving evaluation is completed successfully, the participant will go on the road. If not, the recommendations will be that the participant refrain from driving at this time. The participant may or may not be re-evaluated in the future.

Q What happens after the on road evaluation?

A Depending on the results of the evaluation, one of the following scenarios could occur:

- The participant performs satisfactorily, no safety issues identified. Recommend continued driving.
- The participant does OK but needs more training sessions.
- The participant does OK but needs restrictions on license (i.e. daytime only, within 15 mile radius of home, etc.)
- The participant performed unsatisfactorily; driving is not recommended at this time.

The results and recommendations of the participants comprehensive evaluation will be sent to the referring physician.

Q Is the Iowa Department of Transportation (DOT) contacted?

A Evaluating organizations do not contact the DOT directly. The recommendations and final results are sent to the referring physician. The physician may contact the DOT if restrictions are recommended OR if driving is not recommended at this time.

Q How much does it cost?

A The comprehensive evaluation is not covered by insurance and is available by private pay only. Costs could run from \$350 - \$450. The fee must be paid in full prior to the evaluation. The evaluating organization can provide more details on cost.

Q How long does the evaluation take?

A The whole evaluation takes approximately 3.5 hours. Half the time is for the pre-evaluation and half for the on-road evaluation. Participants must be able to transfer into and out of the vehicle.

Q Where do I go?

A Reach out to these organizations to assist you with driving evaluations

- **On With Life, Ankeny Campus:** (515) 289-9696
Central Iowa and other inquiries within the state
- **Yunker Rehabilitation:** (515) 263-5143
- **Lifelong Links:** (800) 468-7887
A referral service of the Iowa Area Agencies on Aging throughout the state.
- **Drive with Cops:** (515) 981-6363
Retired police officers offer on road and simulator driving evaluations.

How to Cope with Changes in Your Driving

Avoid certain driving situations:

- At Night
- During Rush Hour
- Through high-volume, busy intersections and routes (including congested areas like school drop-off and pick-up times)
- On certain types of roads (like highways and interstates)

Allow more time to get where you need to go, so you can drive safely, at a slightly reduced speed, and not feel rushed.

Learn from your mistakes and near misses, Think about situations you found difficult and what you could have done differently to minimize the likelihood of reoccurrence,

Consider whether it's time to retire from driving. If you travel infrequently, have physical or cognitive changes which are affecting your driving, or travel less than 2,000 miles per year – it is often cheaper and more convenient to use alternative modes of transportation like taxis, bus, or driving services if they are available in your area.



Gail McGaughey, a physical therapist at On With Life, assists a volunteer to demonstrate the pre driving clinical evaluation using a driving simulator.



A driver prepares for the On Road Evaluation in a specially equipped vehicle.

?
Have a question about what to do?
 Ask us please!
 Email us:
apdaiowa@apdaparkinson.org
 Or mail questions to:
 PO Box 643, Ankeny, IA
 50021

Iowa Support Groups

Appanoose County / Centerville

Katy Dykes

kdykes@mercydesmoines.org
(641) 437-3454

Buena Vista County / Storm Lake

Glen Schulz

glenschulz1949@gmail.com
(201) 317-3318

Carroll County / Carroll

Melissa Schultes

MSchultes@stanthonyhospital.org
(712) 794-5815

Cass County / Atlantic

Jon Jordan

JJordan@wesleylife.org
(712) 243-1850 (office)
(712) 249-2146 (cell)

Clayton County / Guttenberg

Miranda Barnhart

mbarnhart@abcmcorp.com
(563) 252-2288

Clayton County / Guttenberg

Janet Hefel

JHefel@alpinecom.net
(563) 252-3518

Clinton County / Clinton

Lori Kennedy

Lori.kennedy3@gmail.com
(563) 242-7502

Dallas County / Waukee

Megan Dubay

mhoffman@stcroixhospice.com
(515) 229-8862

Dallas County / West Des Moines

Eryn O'Rourke

eorourke@wesleylife.org
(515) 978-2406

Des Moines County / Burlington

Stephie Libben slibben@grhs.net

Julie Kirk jkirk@grhs.net
(319) 759-4575

Dubuque, Jones, Jackson County / Cascade

Brenda Williams

circleb@netins.net
caps.52033@gmail.com
(563) 590-4364

Dubuque County / Dubuque

Gerald Osterhaus

gerryosty@mchsi.com
(563) 582-7313

Hardin County / Ackley

Alan Keninger and Kathy Lymnan

alankeninger@hotmail.com
(641) 521-6433 or (641) 373-6951

Johnson County / Iowa City

Wanda Crombie Ed Pierson

w.crombi@mchsi.com
(319) 358-0306

Jones County / Anamosa

Allison Niedermann

Allison.Niedermann@unitypoint.org
(319) 481-6195

Kossuth County / Algona

Jenn Carr

jeni@algonaymca.org
(515) 295-7701

Madison County / Winterset

Tamara Bridgeman

tbridgeman@madisonhealth.com
(515) 202-6151

Marion County / Pella

Natasha Nikkel

nnikkel@wesleylife.org
(641) 620-4269

Marshall County / Marshalltown

Dennis Eige

Ideige@hotmail.com
(641) 753-8463

Muscatine County / Muscatine

Pat and Wayne Corriell

Karen and John Schuab
pat.corriell@gmail.com
(319) 321-6311

Polk County / Des Moines

Valerie Stickle-Diehl

VStickel-Diehl@mercydesmoines.org
(515) 358-0002

Polk County / Ankeny

Tammy Miller

tammy.miller@onwithlife.org
(515) 289-9662

Polk County / Des Moines

Alee Phillips

acphillips@wesleylife.org
(515) 271-6596

Polk County / West Des Moines

Lynhon Stout

Lynhon19@gmail.com
(515) 965-9245

PLEASE NOTE: Call or email the group facilitator noted below to confirm meeting locations and times. Also ask if they are meeting in person or remotely.

DO YOU KNOW of other support groups not listed here? Please let us know at (515) 782-4386.

IF YOU NEED ASSISTANCE to learn how to attend a virtual event, we can help. Reach us at (515) 782-4386.

Polk County / West Des Moines - Young Onset Group

Kim Roby
kimbo6179@aol.com
Michelle Lorey
mlorey1968@gmail.com

Polk County / Ankeny

Colleen Miller
colleen.miller@rockvalleypt.com
(515) 264-2559

Pottawattamie County / Council Bluffs

Molly George
mgeorge@heritage-communities.com
(712) 256-2741

Scott County / Davenport

Gene Kennion, facilitator
Julie Norman-Geerts
(563) 271-7690

Story County / Ames

Elizabeth Stegemoller
esteg@iastate.edu
(515) 294-5966

Woodbury County / Sioux City

Sally Reinert
sreinert@evertek.net
(402) 987-3516

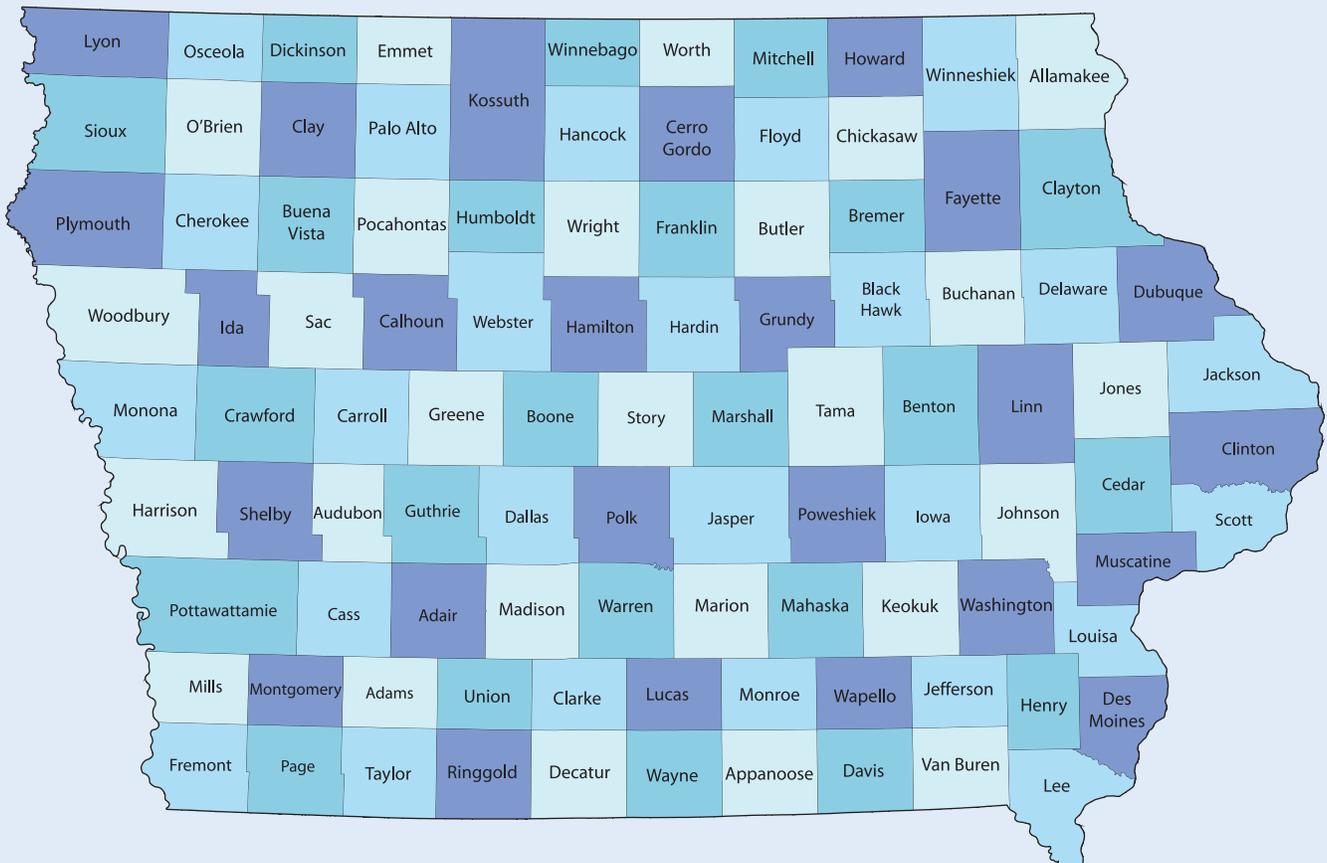
LEWY BODY SUPPORT GROUPS

Scott County / Bettendorf

Marilyn Woelke
mewoelke@gmail.com
(309) 781-6462

Polk County / Urbandale

Cookie Cranston
qtshoes@q.com
(515) 306-2925



American Parkinson Disease Association
Iowa Chapter
PO Box 643
Ankeny Iowa, 50021

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Upcoming OCTOBER Events

October 1, 2022:

- Optimism Walk, Iowa Cubs Stadium, Des Moines

October 20, 2022:

- Fall 2022 Parkinson's Conference
Radisson Hotel and Conference Center,
Iowa City, Iowa.
Sponsored by On With Life and APDA Iowa

