Parkinson Pathfinder

Fall 2026 Northwest Chapter Edition



Your Next Move

A Turning Point: My Decision to Have DBS *p.2*

When Helping Means Letting Go *p.8*

apda AMERICAN PARKINSON DISEASE ASSOCIATION

Fall 2026 Northwest Chapter Edition

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COVER PHOTO

Adam Brown is a photographer based in the Pacific Northwest with a passion for capturing people, wildlife, and the natural world. In addition to his photography work, he serves as the Nursing Program Manager at Green River College. Photography has been a longtime creative outlet for Adam, and he especially enjoys using his talents to support meaningful causes and organizations such as APDA. The cover photo features Erin & Steve Gordon.

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Strength in optimism. Hope in progress.

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Living with Parkinson's often means figuring out what comes next. The next appointment. The next treatment. The next exercise class. Sometimes, simply the next step forward.

At APDA, our job is to make sure no one has to figure out their next move alone.

On pages 6–7, you'll find "**Oh, the Places We've Been!**", a look at some of the communities our chapter has visited this year to deliver education programs, connect with support groups, and share resources. It gives you a sense of the reach of our work, but what happens before, during, and after we leave is just as important.

One community we visited in 2026 was Edmonds, which was not on our original programs calendar. What happened there is a great example of how connection can grow.

In January, a former board member spotted a flyer at her gym for a Parkinson's exercise class and reached out to ask, **"Do you know about this?"**

That one question started something.

We met with the new instructor and a few people in the community. We listened to what they were looking for, what was missing, and how APDA could help bring people together. In June, we held a Parkinson's Education Day in Edmonds, and **70 people showed up**. Along with vital education and an Ask the Expert session, we asked people what *they* wanted and needed in their community.

And then we listened.

In August, we helped organize an Edmonds community gathering at a local breakfast hotspot which drew 25 people. They wanted a walking group. They wanted more opportunities to connect. Most of all, they valued the chance to talk with one another.

The momentum hasn't stopped. Monthly gatherings are continuing. A group for spouses and partners is forming. People are sharing resources, exchanging contact information, and connecting between meetings.

That is what building community looks like.

APDA may help bring people into the room, but the community takes it from there.

And that is what **your support can make possible**. Our Northwest Chapter is responsible for raising the funds we invest in our local mission, bringing education, support, resources, and connection to communities throughout our region.

As you consider your year-end giving, I hope APDA Northwest will be part of your next move. Your gift helps create connections that remain long after an event is over.

Because sometimes a meaningful next move starts with something very small: a question, a conversation, an invitation.

And then, one connection at a time, a community grows.

With gratitude,

Kirsten Richards

Kirsten Richards
Executive Director

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APDA Northwest chapter staff at the 2026 Seattle Optimism Walk

A Turning Point: My Decision to Have DBS

Q & A with **Brian Harris** and **Judy Roberts-Wabey**

For many people living with Parkinson's disease, deep brain stimulation (DBS) represents both hope and uncertainty. The procedure can offer meaningful relief from symptoms and help restore independence, but deciding whether to undergo brain surgery is rarely straightforward. Questions about timing, risks, recovery, and expected outcomes often weigh heavily on the minds of those considering DBS and their families.

In this issue of *Parkinson Pathfinder*, we share the personal experiences of two individuals who chose to take that step. Through candid interviews, **Brian Harris** and **Judy Roberts-Wabey** reflect on the journey that led them to DBS, the fears and challenges they faced along the way, and the impact the procedure has had on their daily lives.

Their stories offer an honest look at the decision-making process, the realities of surgery and recovery, and the renewed possibilities that can follow. While every Parkinson's journey is unique, their experiences provide valuable insight, encouragement, and perspective for anyone wondering whether DBS may one day be part of their own path forward.



Q&A with Brian Harris

When did you first begin thinking about deep brain stimulation (DBS), and what ultimately led you to decide it was the right time to explore it?

Brian Harris: DBS is always in the back of your mind from the time you learn about it as a possible treatment. I began to consider it seven years after diagnosis, and it took about two years to actually schedule it. I attended an APDA event with a surgical team and the manufacturers, saw the equipment, and discussed the procedure with medical professionals. Learning more about the procedure gave me knowledge, making it less scary, and helped me gain the courage to move forward.

A year ago, my movement disorder specialist (MDS) started suggesting I get the surgery, and my husband, Damion, was in agreement with him. My symptoms had crept along, becoming a daily burden where I was having to plan my activities around the 30-minute ON period. I was taking four pills of three different dosages of Rytary and an immediate-release carbidopa-levodopa (C/L) every three to four hours, five times a day. There were huge swings between a short functioning ON period and the much worse, longer OFF periods. I was constantly going up or down. My penmanship was illegible even to me. I was beginning to avoid driving on the highway. When speaking, I could barely complete sentences, and typing or petting the dog was out of the question.

Before having the procedure, what were your biggest hopes—and what concerns or fears did you have?

BH: The FEAR of brain surgery itself was the biggest hurdle. Even though I had done research and talked it over with the professionals, friends, and family. Getting past the mental blocks I put in my own path took all the confidence and strength I could muster. The surgery was originally scheduled for January 2026, but a minor health hiccup happened around New Year's, and the procedure got postponed until June of 2026.

Everything in my life got put on hold for six months, with the thoughts of brain surgery hanging over my daily life. My fears festered, and I contemplated whether I really needed to have it done. The fear of "What if" is a very powerful deterrent. But with a solid support team in place, I managed to make it to the big day.

The FEAR of brain surgery itself was the biggest hurdle. Even though I had done research and talked it over with the professionals, friends, and family.

What was the experience like, from the evaluation process through surgery and recovery? Was anything easier or more challenging than you expected?

BH: The evaluation testing to see if I was a good candidate for DBS was easy. I enjoy mind teasers, and I approached the cognitive testing as just another mind game.

The morning of the procedure, I was anxious and had serious thoughts of backing out. But I kept telling myself everyone that I spoke with who had done DBS surgery had told me they wished they'd done it sooner. The nurse preparing me spoke with understanding and compassion. When the neurosurgeon came in and explained the next steps, I was barely holding it together. Tears flowed as I left my husband behind, hoping it would not be the last time I saw him. I was still fearful but knew it was the right next step in my Parkinson's journey.

Once in the operating room, things happened very quickly. The surgical team moved like a well-oiled machine, and in no time I was unconscious. In what felt like just a moment. I woke up in the recovery room several hours later. The first few hours after the surgery were hazy. I know I had made it through the procedure okay, but the fogginess of the anesthesia, the weight of ice packs on my head, and a catheter made it difficult to move and think clearly.

I was allowed to order anything I wanted off the hospital menu. I had lost my sense of smell and taste several years before, so you can imagine the joy when I actually tasted the chocolate in the pudding! That was my first real moment of knowing this was all going to be worth it.

That evening, when visiting hours were over and my husband had left, I tried to rest. Being in the ICU means hourly vitals checks and not much resting. About 2 am I awoke with a clear head and was able to crack a joke.

The next day, I was able to go home. That's where the real struggles began. Every bump in the road reverberated in my head. Once at home, I needed a high level of care. I was unable to stand, lift anything, or bathe on my own for the first two days. I had to remind myself constantly not to touch the incisions. Slowly, I gained my strength and the incisions healed. I started seeing a significant improvement in my symptoms. What used to be a low OFF period with constant tremors, shuffled walking, and lack of strength was gone. I could tell I needed less C/L, but I continued with my original pill cycle as the doctors suggested.

The two weeks between the brain lead surgery and the battery implant went quickly. I was much less nervous about this second procedure and eager to take the next step. I was in and out of the hospital in about eight hours. After the second surgery, I scaled back my C/L intake to see how I functioned. It was great. I had a significant increase in my mobility and less anxiety on half of the medication I was taking before. During the healing period from the second surgery until the unit was turned on, my symptoms slowly crept back in, requiring me to increase my dosage to about 80 percent of the pre-surgery levels.

The day came to turn on the system, and I was ready. When the doctor hit the ON button, I thought I'd feel the energy pulsing in my head, but nothing. Except my hand was trembling pretty badly, moving about six to eight inches at a furious pace, and in three seconds it was gone. I walked around and was amazed at how easily I moved. My arm swung, and there was no shuffling of my feet.

We ran through the standard testing one side at a time. Tapping my feet, giving the Beyoncé wave, all of it. We made a few settings adjustments and ran through it again. It was AMAZING! A light switch had literally gone off in my head, and symptoms rolled back ten years.

Looking back now, how has DBS affected your day-to-day life? What changes have been the most meaningful to you?

BH: In the three months since the procedure, it's like I've been given a second chance in life. My tremor is reduced by 95 percent; I have less muscular body tension, less anxiety driving and dealing with day-to-day chores, I walk much faster, and my arm swings. My dexterity is better; I can now pet the dog, type with all ten fingers, and my penmanship has improved.

DBS didn't fix everything. I still cry at any slightly emotional situation, and constipation is a vicious, never-ending cycle. Overall, it was a positive and life-changing experience!

Has there been anything about living with DBS that surprised you—either positively or something you hadn't anticipated?

BH: The surgery has raised my lowest OFF periods to a new, higher, consistent level. Setting a foundation for a much-improved quality of life. I've been able to reduce my pill cycle from every three to four hours to five to six hours and am taking 25 percent less C/L. Just the other day I went nine hours between pills and never noticed my symptoms increase at all. It's taking some hard-to-notice observations to see the difference between ON and OFF periods. I feel like a new person and even forget I have Parkinson for hours at a time.

What advice would you give someone with Parkinson's who is considering DBS but isn't sure whether it's the right choice for them?

BH: JUST DO IT! The fear of brain surgery is real and not to be dismissed. However, if you have a good support system at

home and are a good candidate, the improved quality of life is well worth it. Now I'm a believer that the advice others with DBS gave me is true.

I wish I'd done it sooner.

Brian Harris was diagnosed with young-onset Parkinson's disease in January 2017 at age 48. Determined to build community and support for others facing similar challenges, he founded the Seattle Area Young Onset Parkinson's Disease (SEAYOPD) support group in 2018 and joined the APDA Northwest Chapter Board of Directors in 2019. Now 57, Brian continues to work full-time while living in Auburn, Washington, with his husband, Damion, and their dog, Tyson. When he's not working or advocating for the Parkinson's community, he enjoys hiking, camping, and spending time outdoors.



Q&A with Judy Roberts-Wabey

When did you first begin thinking about deep brain stimulation (DBS), and what ultimately led you to decide it was the right time to explore it?

Judy Roberts-Wabeyy: I heard I wasn't a good enough candidate for DBS surgery initially, but that was twenty years ago. Back then, my neurologist suggested I think about my age, as it might discourage a surgeon from selecting me. After my neurologist retired, my new one said that my age probably wouldn't influence the committee, so I began to look into it.

Before having the procedure, what were your biggest hopes—and what concerns or fears did you have?

JRW: My hope was that I could walk without falling and keep my right hand steady. For the last two years, I had been falling on my knees or hitting my head on a corner of a wall. My husband was getting very good at first aid.

What was the experience like, from the evaluation process through surgery and recovery? Was anything easier or more challenging than you expected?

JRW: I had several friends who had already gone through the DBS evaluation process, which helped me feel more prepared. One of them even connected me with a representative from Boston Scientific, who explained what to expect and reassured me that many of the testing questions would feel familiar.

The evaluation itself was probably the most challenging part. It took place over two days, with about four hours of testing each day, and I found it pretty exhausting

One thing that made the experience much easier was knowing my surgeon. He was the same surgeon who had previously fused my spine (L3, L4, and L5), so I already had a great deal of trust in him. That familiarity gave me a lot of confidence and made me feel much more comfortable going into surgery.

Looking back now, how has DBS affected your day-to-day life? What changes have been the most meaningful to you?

JRW: Most of the changes are in my right hand. I still use a cane to keep from falling, but I've been able to do things like attend a garden party and even drive for a short distance.

Several people have said they are impressed with how steady my stride is now. It has been very comfortable and freeing.

Has there been anything about living with DBS that surprised you—either positively or something you hadn't anticipated?

JRW: My head has ridges. I've been told they should even out before the end of the year. My wavy hair will probably become smoother, but no one except my hairdresser will notice.

What advice would you give someone with Parkinson's who is considering DBS but isn't sure whether it's the right choice for them?

JRW: Talk to people who have been through the process.

In the beginning, I was really afraid to talk to people about DBS. As I shared with friends at my Yoga for PD class and others who had gone through the surgery, they told me how important the surgery was and how much they supported what I was doing. This helped me feel more confident in my decision.

I had a father who had Parkinson's Disease, a stepmother, a stepsister, and her husband; all of us had or have Parkinson's Disease. We are all talking about DBS.

Judy Roberts-Wavy lives in Edmonds with her husband, Jerry. She enjoys spending time in her garden, welcoming friends and family to share in the beauty of the trees, plants, birds, and outdoor spaces she has carefully cultivated. An active member of her local garden club, Judy continues to expand her gardening knowledge while connecting with fellow enthusiasts. She credits Jerry's encouragement for helping her stay engaged in activities she loves, including garden club events and Yoga for PD. Through her Parkinson's journey, Judy has learned the importance of supporting those who support you, and her advice to others is simple: take care of your caregiver.

MAGIC OF HOPE

GALA & AUCTION BENEFITING APDA

CELEBRATING 25 Years

SAVE THE DATE — HOPE

Saturday, March 6, 2027 | 5:30 p.m.

Sheraton Grand Seattle — Washington

Magic of Hope Gala & Auction is APDA Northwest's premier fundraising event, bringing together a community united by hope, generosity, and a commitment to improving the lives of those affected by Parkinson's disease. This year, we celebrate a remarkable milestone: 25 years of impact across the Northwest.

For a quarter century, Magic of Hope has fueled life-changing programs, vital support services, educational resources, and groundbreaking research.

This joyful evening brings together supporters and friends for cocktails, dinner, raffles, and silent and live auctions, all in support of APDA's mission.

At APDA, our tagline says it all: Strength in optimism. Hope in progress. In honor of our 25th anniversary, we are shining a spotlight on HOPE. Hope is more than a feeling. It is the foundation that helps individuals and families navigate Parkinson's disease, fuels innovation in research, and brings people together around the promise of progress.

Join us as we celebrate 25 years of hope, progress, and impact while looking ahead with confidence and determination. Together, we can ensure that people living with Parkinson's disease and their families continue to find the support, resources, and hope they need to live life to the fullest.

The Optimism Awards

Honoring Those Making a Difference in the Parkinson's Community

Every year, the **American Parkinson Disease Association Northwest Chapter** honors individuals who embody our tagline: **"Strength in optimism. Hope in progress."**

The **Optimism Awards** celebrate community members and service providers who make a meaningful impact on the lives of those affected by Parkinson's through support, education, wellness, or research. These awards spotlight extraordinary individuals who enrich and strengthen the Parkinson's community while inspiring hope for what's possible. Whether they are lifting spirits, advancing understanding, or helping individuals live well with Parkinson's, these honorees demonstrate what's possible through compassion and dedication.

We are proud to present **two distinct awards each year** at our **Magic of Hope Gala & Auction**, honoring:

- **A Community Member** (a person with PD, caregiver, volunteer, donor, or advocate)
- **A Service Provider** (a healthcare professional or researcher in the Parkinson's space)

Nominations are now open! You can find more information at apda.link/NWAwards. Nominations are due January 6.

Let's recognize and celebrate the extraordinary individuals whose contributions strengthen the Parkinson's community and inspire hope across Washington, Oregon, Alaska, Montana, and Idaho.

Winners will be invited to attend the Magic of Hope Gala and Auction where they will be awarded the 2027 Optimism Award.



Top: 2026 Optimism Award Winner Anne Tiernan and Family

Bottom: Optimism Award Winner Nate Coomer and Family

Oh, the Places We've Been!

We've been here! We've been there!
We've been just about everywhere!

APDA hit the road in 2026 to bring education, support, exercise, creativity, and connection to people impacted by Parkinson's. Come take a look at all the places our journey has taken us this year.



Helping Without Taking Over: Supporting Independence with Parkinson's

An Interview with **Lynne Green**

One of the most difficult parts of being a care partner isn't knowing *how* to help—it's knowing *when* to help. It can be hard to watch someone you love struggle with a task that once came easily. Stepping in may feel natural, even loving. But preserving independence can also be one of the greatest gifts a care partner can offer.

In this interview, care partner Lynne Green shares how she learned to balance support with independence, and why allowing her husband to continue doing as much as possible strengthened both of them.

One of the hardest parts of being a care partner can be deciding when to step in and when to step back. How has your thinking about that changed over time?

LG: My husband was diagnosed with PD at age 39. We were both physically active and staying busy with a young family. I immediately went into "caregiver mode", thinking that I would now be taking on more responsibilities. I soon realized that he was still very much wanting to be in charge of himself. He was still able to work, dispense his own medications, and he was still driving, hiking, and skiing.

Early on in the diagnosis, we could just keep PD in our back pockets. At the same time, we both knew that at some point in our lives things would change. But for now, PD had given us a bit of a bittersweet gift. We wanted to live life fully in the moment, not waiting until someday when we had more time. It was like a reset to our priorities.

Can you share a moment when you realized your loved one needed the opportunity to do something independently—even if it took longer or looked different than before?

LG: Doug had always loved to ski since he was a young boy. At one point, he was no longer able to drive, so I would pick him up at his office, drive an hour to the closest ski area, and the adventure for both of us would begin. I was no longer skiing, so he would be on his own on the mountain, but I made it happen because he loved the feeling of flying down that mountain. At the time, he was strong enough to do the large muscle work, but not the fine motor skills. So, I would get him all suited up… bib overalls, warm jacket, wool hat. Then I would buckle his boots, zip up that coat, and help him over to the chair lift. I would be exhausted, and I was sure that anybody watching us would think we were crazy. For somebody who had difficulty walking across the room to be on four-foot skis did not make sense. He would get on the chair lift with the enthusiasm of his boyhood.

Then came the hard work for me. I had to wait at the bottom hoping against hope and praying that he made it down unscathed. It was hard to just let him go. On one occasion, he didn't come down in a timely manner. The resort closed, and there was no sign of Doug. You can imagine how I paced at the bottom of the hill, having a panicked conversation with myself... was I going to dictate what he could or couldn't do, or should I allow him the freedom (within reason) to enjoy the things he had always loved? What was my part in this journey we were on together? Ski patrol eventually found him, allowed him to ski down with their escort, and my heart eventually slowed down. That was a pivotal day for me. We talked openly together about limitations and how much he wanted me to protect him from what was to come.

Were there times when you found yourself helping too much? If so, what helped you recognize the importance of preserving your loved one's independence?

LG: Absolutely!!! I wasn't always good at letting him do things for himself. To be truthful, quite often it was easier and faster for me to just do things that he could actually do. I think somewhere in this process I learned to not be in such a hurry when time really didn't matter. Sometimes I found myself walking away so that I didn't hover if he was trying to get dressed. Other times I would ask him if he wanted my help.

Communication was the key. He needed to trust me to help him when needed, but also he needed to be able to tell me when he wanted to do it himself. Even before PD, I feel like we had really worked on our communication skills. This was so important for us because as he became less and less verbal, I often had to rely on his look or mood to let me know how much he wanted me to help. We weren't perfect at this, but we kept trying.

How do you encourage your loved one to stay engaged in everyday activities while still being there when they truly need support?

LG: Our loved one's life seems to become narrower as PD progresses. Priorities changed for both of us. Maybe the ski slope was no longer a possibility, but we found ski channels on TV and competitions to watch. I could see his body moving along with the skiers as he watched. He was very artistic and had built a successful career as an architect, so I made sure he still had drawing materials and space to do the things that he was familiar with.

Eventually those things became frustrating to him, and I then tried to introduce totally new things… like cooking shows. We traveled the world experiencing culinary adventures on the big-screen TV. In all this, I knew that I also was changing. My priorities were sometimes put on the back burner. I might have struggled wondering when I would ever get to the things I loved to do.

I eventually hired somebody to come to our home for four to five hours, one day each week. Sometimes I stayed home, but often I just left the house and did something for myself. I also made sure that I did things that filled my own cup. I moved my projects closer to where he was in the house; I sat with him in front of the TV, but I had things like knitting and sewing to keep my hands busy and feed my creative need.

What have you learned about how maintaining independence affects your loved one's confidence, sense of purpose, or quality of life?

LG: Early-stage PD can be all about independence. It can be scary, and maybe if we don't talk about it, it will just go away. It's tempting for both parties to ignore what is ahead. I would continue to hang my hat on communication. We'd had the "driving" conversation many times, and one day my husband walked in the door and handed me the keys… saying that he probably should not be driving. I didn't have to force that option on him because we had already talked about it in theory. It drastically changed life for me because he could still work and would be pretty much relying on me for transportation. I just made it work for us.

The last two years of my husband's life were part of the COVID years, so we transitioned to being home for his work. As hard as that time was for the world, I look back on it as a great time for the two of us. We lived and loved together. We got tired of each other; we laughed together, we cried together. We prayed together… but we did this together. I had days that I felt like kicking the wall in frustration, but looking back, I also had days that I was so grateful for uninterrupted time together.

Looking back, what advice would you give another care partner who wants to be supportive but worries about either doing too much—or not enough?

LG: Oh my goodness, I'm not sure I am full of advice. I've already said that communication is a big key. Communicate early in the disease, so it's easier as progression sneaks in to rob you of time and voice. Ask your partner how you can help. Continue to ask permission to do things for them. Make things easier for them by simplifying life; drawstring pants, easy-on socks, cups that don't spill, satin sheets that make it easier for rolling over. Take deep breaths and let them do it their way, even if that means showing up somewhere dressed in pajama bottoms, mismatched socks, and a T-shirt. Ask for help from others. I found that Doug would often accept help from an outsider that he trusted instead of relying solely on me.

Here's a big piece of advice: Be kind to yourself. Forgive yourself for not being a perfect caregiver. Kick the wall if you need to (but don't break your toes). Find others who are walking in your shoes and reach out to get involved in some online or in-person caregiving groups. There is strength in listening to others.

Doug passed away 30 years after his diagnosis. Lots of ups and downs for us. I wasn't always the perfect caregiver, and he wasn't always the perfect recipient of the caring. But I would do it again in a heartbeat when I consider what I've learned and what a privilege it was to take this journey with him. We are both people of faith, and I couldn't answer these questions without saying that I relied heavily on daily promptings from a higher power to know how much to help and when to step back. I'm a much better person because of this journey.



Lynne Watson Green has called Alaska home since the early 1970s, after spending her childhood as the daughter of an Air Force family, living throughout the United States and around the world. She earned a Bachelor of Science degree in Dental Hygiene in 1977 and built a life rooted in service, resilience, and community.

In 1994, Lynne's husband, Doug, was diagnosed with Parkinson's disease at just 39 years old. Together, they navigated the challenges and realities of Parkinson's for three decades, facing the journey with determination, love, and a commitment to learning and adapting along the way.

Today, Lynne remains actively involved in the Parkinson's community through online support networks, with a special passion for supporting and connecting with care partners. Drawing on her lived experience, she is dedicated to helping others feel informed, understood, and empowered as they navigate their own Parkinson's journeys.

The Next Wave: Where Focused Ultrasound Fits in Parkinson's Care

By **Dr. Pravin Khemani, MD**

Treatment for Parkinson's disease is becoming increasingly individualized. For some people whose symptoms are no longer adequately controlled with medication, advanced treatments such as deep brain stimulation (DBS) may be considered. But DBS is not the right choice for everyone. A person's symptoms, overall health, treatment goals, and comfort with surgery and an implanted device can all play a role in deciding what comes next.

For certain carefully selected patients, focused ultrasound may offer another option. Using highly targeted sound waves guided by imaging, the procedure allows physicians to treat specific areas of the brain without traditional open surgery or an implanted device. But who might benefit? How does it differ from DBS? And what are its limitations?

We asked Pravin Khemani, MD, to explain where focused ultrasound fits into today's increasingly personalized approach to Parkinson's treatment—and what patients and families should understand when considering their next move.

For readers who may be unfamiliar with it, what is focused ultrasound, and how is it being used to treat symptoms of Parkinson's disease?

PK: MRI-guided high-intensity focused ultrasound, also known as MRgFUS, is a neurosurgical procedure that was first approved by the FDA in 2018 for the treatment of severe tremor in Parkinson's disease not fully responsive to medications; it had already been approved for treatment of severe essential tremor in 2016.

Since then, its application has expanded to the treatment of other motor symptoms of Parkinson's disease such as stiffness, slowness, and dyskinesia on one side of the body and, most recently in 2025, to the treatment of motor symptoms of PD on both sides. MRgFUS involves focusing (or converging) ultrasound beams very precisely to specific areas of the brain that are involved in causing tremor and other motor symptoms mentioned above by a neurosurgeon.

Ultrasound waves transfer heat energy to the targeted area, which very selectively destroys the nerve cells responsible for causing movement-related symptoms of Parkinson's disease. The procedure is carried out in a special suite with an MRI machine, which guides the surgeon as they repeatedly focus waves to very precisely heat the target—a process called sonication—until symptom relief is achieved.

The procedure is painless, and the patient is awake and being examined in real-time to ensure satisfactory improvement. The whole procedure takes about three hours, and the patient is able to go home the same day. Prior to the procedure, the patient undergoes a comprehensive evaluation by the movement disorders neurologist and the neurosurgeon to ensure they are a good candidate for the procedure

DBS can be an effective treatment for many people with Parkinson's, but it may not be the preferred or appropriate option for everyone. What factors can influence that decision, and where might focused ultrasound fit into the conversation?

PK: Deep brain stimulation for PD, which has been available and used for three decades, is the 'gold-standard' for treatment of motor symptoms of PD because of its established efficacy, durability, and safety. However, it may be too risky for some patients, and some patients may prefer a procedure such as MRgFUS, which does not involve surgical placement of permanent hardware in the brain and body.

Other than patient preference, the criteria for DBS and MRgFUS are similar: the diagnosis of Parkinsons' disease must be established; there is tremor and/or motor fluctuations and dyskinesias not very well controlled by medications; balance and cognition shouldn't be significantly impaired; mood symptoms such as depression and anxiety must be well treated; and, most importantly, expectations must be commensurate with outcomes. For certain patients, such as those predisposed to infections or bleeding or with dementia, DBS is riskier than MRgFUS, which may be a more suitable option to treat motor symptoms.

Which Parkinson's symptoms are currently most likely to respond to focused ultrasound, and what characteristics might make someone a good candidate?

PK: We have about a decade's worth of evidence that, above other symptoms, tremor is well treated by MRgFUS. In Parkinson's disease, the procedure was approved to treat only one side of the body until last year, when a research

Questions to Ask Your Doctor

What questions should a person with Parkinson's ask their movement disorders specialist if they are wondering whether focused ultrasound might be appropriate for them?

- **What are the risks and benefits of MRgFUS compared to DBS for my disease?**
- **Am I a good candidate for MRgFUS, and what is the reasoning behind the explanation?**
- **What tests do I need to complete before the procedure?**
- **What should I expect going in, right after, and in the long term after the procedure?**
- **What are the options if there isn't sufficient improvement from MRgFUS?**
- **How will my medications be adjusted after MRgFUS?**
- **Can I have the second side treated, and when can that be done?**

Several of these questions may not be fully answerable due to the lack of data about long-term outcomes, but just as that observation didn't argue against DBS when it was approved, it should not be a barrier to MRgFUS in well-selected individuals with motor symptoms of PD that do not improve sufficiently with medications.



study showed that a two-step, or staged, process of first treating one side and then the other after a few months is safe and effective. The area of the brain treated in this study is called the pallidothalamic tract (PTT), which is a collection of nerve cells traveling between two areas of the brain that are involved in PD.

To be a good candidate for bilateral staged MRgFUS of the PTT, the patient must go through a selection process with some similarities and differences to DBS: balance should not be significantly affected; they must agree to the head being completely shaved for the procedure; not suffer from claustrophobia as the head is in a surgical frame and placed part-way into a tube for three hours; have an acceptable weight and size to fit on the surgical table; not have an electrical device in their body which prohibits a high-resolution brain MRI for precise sonication; and have a skull-density ratio (SDR) of >0.4, a metric assessed by a specialized CT scan of the brain, which determines how easily ultrasound waves can penetrate the skull; and, there should be consensus amongst members of the selection team about the patient's candidacy for MRgFUS.

How do focused ultrasound and DBS differ in terms of the procedure, recovery, ongoing management, and the types of symptoms they may address?
See table at the end

What are the most important limitations or risks patients should understand? Are there aspects of focused ultrasound that cannot be adjusted or reversed once the procedure is performed?

PK: Most studies have reported numbness and tingling and worsening of balance and speech after MRgFUS, which can be permanent in a small number of patients. Unlike DBS, there isn't an ability to 'adjust' or 'turn the system off'; the lesion caused by the ultrasound waves cannot be undone, which means, as PD progresses, the lesion must continue to provide sustained benefit, which has been demonstrated in tremor, but not yet in PD due to lack of longitudinal follow-up data.

How do you and your patients approach the decision between medication management, DBS, focused ultrasound, or another treatment? What factors matter most when trying to personalize that decision?

PK: At Swedish Neuroscience Institute (SNI) in Seattle, where I work, there is a very robust MRgFUS program for treatment of essential tremor and PD. SNI was among the very first in the nation and the only center in the PNW for a long time to offer this therapy, which has led to continuous

	DBS	MRIgFUS
Procedure	Involves surgical implantation of an electrode in the brain target and a battery in the chest area; can at once treat both sides of the brain; requires anesthesia and at least 24 hours of hospital stay, followed by outpatient insertion of the battery a week after brain surgery	Involves ultrasound wave sonication to destroy selective brain cells; no hardware is implanted; requires a staged approach; patients go home the same day
Durability	Has thirty years of data supporting its efficacy	Was approved last year by the FDA, so this data is not available yet
Treatment	Medication-refractory motor symptoms of PD	Medication-refractory motor symptoms of PD
Adjustability and reversibility	DBS programming adjusts the electrical parameters to continuously improve motor symptoms as they progress	There is no adjusting or programming required, but the procedure is not reversible in any way
Candidate selection	May not be appropriate for certain patients based on their medical history and surgical risks	Appropriate for most patients, but some exceptions are severe balance problems, SDR <0.4, and electrical devices that interfere with brain MRI
Side-effects	In general, bleeding, strokes, infection, and hardware malfunction have been reported in a small percentage of patients	Balance and speech can be permanently impaired in some patients; weakness and numbness that typically resolve in 3-6 months

improvement of the process to produce optimum outcomes. Education of the patient and family members about both DBS and MRgFUS is key in making informed decisions about the choice of surgical treatment.

Candidate selection involves performing the necessary preoperative assessments to ensure the patient is a suitable candidate for MRgFUS. The patient's ability to understand the fundamental differences between DBS and MRgFUS and their respective pros and cons discussed above is the most important decision-making factor. Each patient's case, with all its nuances and tests, is reviewed by the committee, which meets every month to select the appropriate therapy for the patient, ensuring the highest probability of success.

Where do you see focused ultrasound heading over the next several years? What research or advances are you most interested in watching?

PK: As we treat more PD patients with MRgFUS and continue to refine the process, we will improve clinical outcomes just as we have done for DBS. MRgFUS will most likely be studied for other indications such as dystonia, tics, mood disorders, and other neurodegenerative diseases because it holds potential as an alternative to DBS in selected patients for such disorders. Currently, the procedure is being researched for better brain penetration of drugs and other molecules that would otherwise not be able to cross into the brain from the bloodstream due to their size. If successful, this would open up the door to several promising treatments for brain diseases.



Pravin Khemani, MD, FAAN, is Medical Director of the Movement Disorders Clinic at the Swedish Neuroscience Institute, Providence Health & Services. A fellowship-trained movement disorders neurologist, he specializes in the treatment and research of Parkinson's disease, atypical Parkinsonian syndromes, tremor, ataxia, and dystonia. Dr. Khemani is dedicated to improving quality of life for people living with movement disorders and their care partners through multidisciplinary care, patient education, community outreach, and clinical research. He has extensive experience developing interdisciplinary programs for Parkinsonian and neurogenetic disorders and is actively involved in training future clinicians and advancing movement disorders care.



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Launched the NEW South Sound Optimism Walk location in Tacoma!

38 Circle of Optimism Award Winners raised $1,000 or more across our two Optimism Walks!

Seattle Circle of Optimism Award Winners



Hold Tight, a painting by **Lisa Shoemaker**, Bellingham, WA

Lisa was diagnosed with Parkinson's in late 2023. What began as physical and occupational therapy following her diagnosis has evolved into a creative lifeline. Her featured artwork was created using mixed media, including acrylic paint, oil pastel, chalk, and acrylic pen.

Creative Contributions

Art from the APDA NW Community

Do you like to draw, paint, or take photographs?
Are you a cartoonist or poetry master?
If so, we'd love to share your work here!

Email lbadran@apdaparkinson.org with your creative submission today!



Fall Art, a painting by **Gini Hall**, Tacoma, WA

Gini was diagnosed with Parkinson's in 2009. She enjoys taking painting classes, primarily through the Lakewood YMCA, where the weekly gatherings provide an affordable and enjoyable outlet for creativity and artistic expression.

Fused Glass Trivet, by **Karen Adams**, Seattle, WA

Karen was diagnosed with Parkinson's disease in 2022. Like many people with Parkinson's, she experiences micrographia and challenges with hand-eye coordination, making drawing and painting difficult. This summer, however, she discovered the art of glass fusing and found a new creative passion. Her submitted piece was created during a glass fusion workshop in Woodinville, where she delighted in selecting the colors, textures, and styles of glass, describing the experience as being "like a kid in a candy shop."

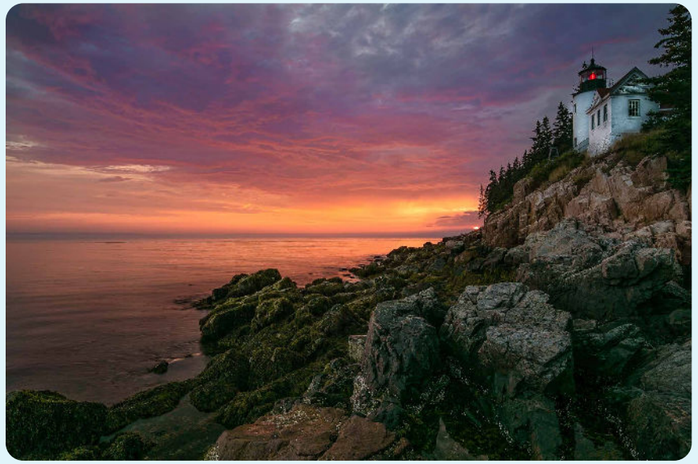




Participants at a Northwest chapter Taiko Drumming class

Bob Alsdorf and instructor at APDA's Thriving Through Music Taiko class.





Autumn Light and ***Coastal Magic***, by **Judi Kubes**, Yelm, WA

Judi was diagnosed with Parkinson's in July 2026. For the past thirteen years, photography has been her passion, and she remains committed to pursuing the art form she loves. Her submitted photographs, *Autumn Light* and *Coastal Magic*, were both captured and edited by Judi and have received multiple awards.

Autumn Light, photographed in a Seattle-area park, was created as Judi lay beneath a tree waiting for the rising sun to align perfectly behind the branches and create a striking sunburst effect. *Coastal Magic* features Bass Harbor Head Lighthouse in Acadia National Park, Maine. To capture the image, Judi carefully navigated large coastal boulders to reach the water's edge. After sunset, fellow photographers and visitors helped her safely make her way back up the rocks, turning an already memorable photo opportunity into an experience she describes as truly unforgettable.



Tweed Tam O'Shanter, by **Jeanie Veith**, Puyallup, WA

Jeanie has been living with Parkinson's for six years and finds joy, comfort, and purpose through knitting. The craft soothes her soul, challenges her creativity with new patterns, and provides the satisfaction of completing something both beautiful and useful. Some of her handmade projects become cherished additions to her own wardrobe, while others are generously shared with family and friends.

Her tweed Tam O'Shanter holds special meaning. Jeanie knitted and wore the hat during the five to six months following her deep brain stimulation (DBS) surgery while her hair was growing back in, helping to keep both her head and hands warm during her recovery. For Jeanie, knitting remains a delightful and calming hobby that offers both accomplishment and comfort.



The Gardens at Wesley #1, by **Lynn Mourer**, Des Moines, WA

Lynn recently began exploring abstract acrylic painting. Her two featured works are inspired by the garden surrounding her home. Lynn is also a dedicated care partner to her husband, who lives with Parkinson's disease and Parkinson's dementia.

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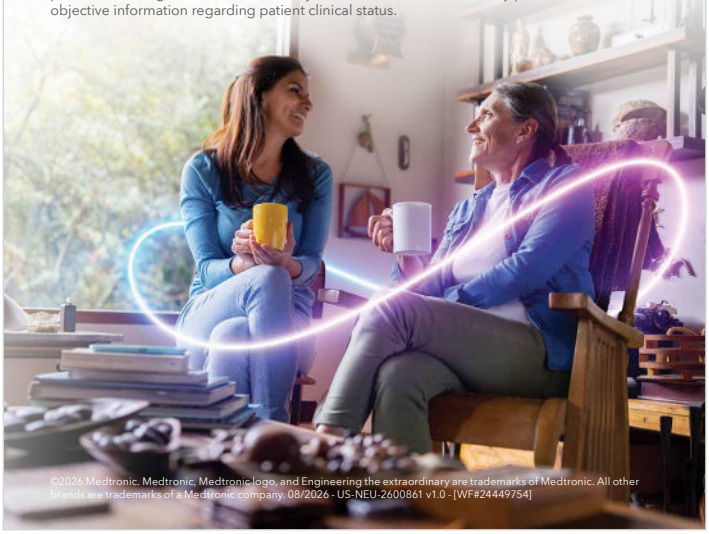
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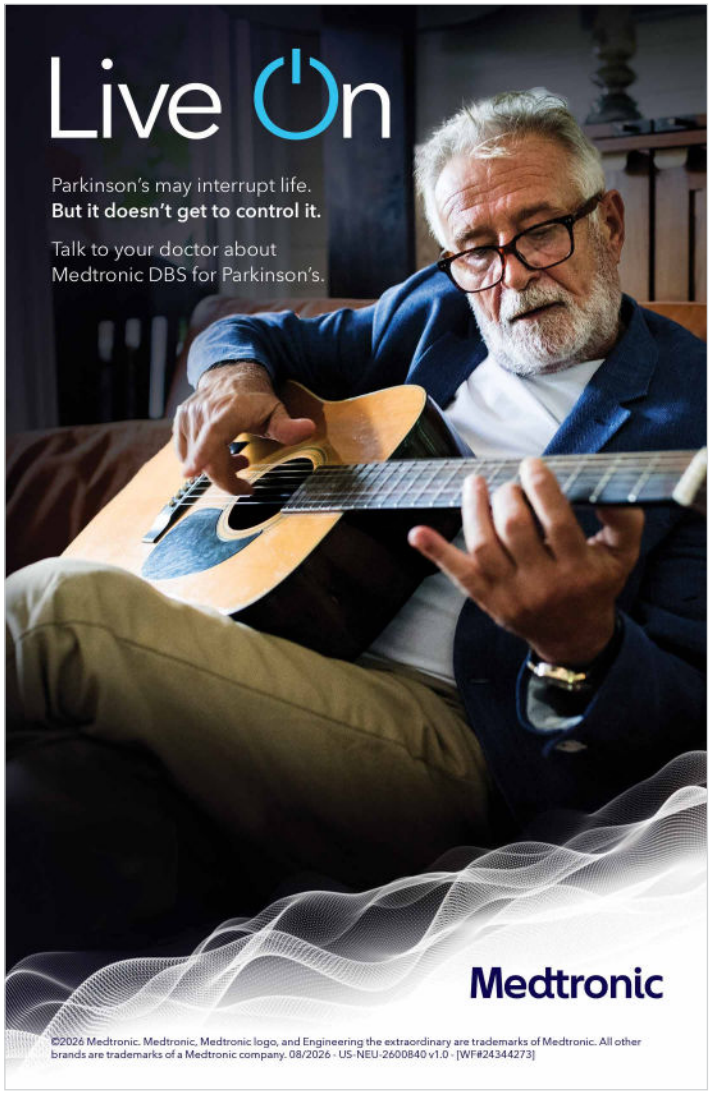
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