

3 Parkinsonism Explained

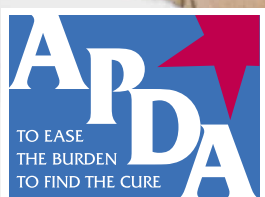
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PARKINSON

Pathfinder

WINTER 2014



Washington Chapter
American Parkinson
Disease Association

WINTER 2014

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I am always amazed when I meet people who aren't familiar with the name APDA. The American Parkinson Disease Association, Inc. (APDA) was founded in 1961 in New York City to “ease the burden—find the cure” for Parkinson's disease (PD). The country's largest grassroots organization serving 1.5 million Americans with the disease and their families focuses its energies on research, patient services, education and raising public awareness about the disease. APDA supports eight Centers for Advanced Research, and a national network of regional Information and Referral (I&R) Centers, chapters, and support groups. APDA's Scientific Advisory Board reviews grant applications annually, and submits funding recommendations for the most promising research toward discovering the cause(s) and finding the cure for PD. APDA has raised and awarded more than \$80 million to patient services and education and has been a funding partner in most of the major PD scientific breakthroughs.

Right here in the Northwest we fund a phenomenally successful program of providing Taxi vouchers to those who have had to give up driving due to their diagnosis; thus allowing people to regain some sense of independence, which is so crucial when you feel your world is getting smaller. We also provide funding for “caregiver's day off” allowing those of you who care for your loved one at home with PD to have a break, and take care of yourselves—we all know good self-care is imperative in health and wellbeing. The APDA provides professionally run Parkinson's support groups as well as support group leader trainings. I am always so impressed by the mind boggling number of people we have touched through our patient and provider education, as well as yoga for Parkinson's classes, the Hope conference, and so much more!

We are here for this community in meaningful, impactful ways. If at any time you or someone you know needs information about Parkinson's or a referral to a community resource, you can always call or email our Information and Referral Center at coordinator@waparkinsons.org or (206) 277-5516. This community is so fortunate to be full of amazing providers and resources and we want to help the community stay connected. If you want to make a difference you can always contact me at Suzanna@waparkinsons.org, I want to hear from you about what we can do or how you would like to support this amazing cause.

I got involved in the APDA over seven years ago because I wanted to be connected to an organization that not only does great things for people with Parkinson's and their care circles, but also cares about and is deeply committed to research to better the lives of our community members and eventually find a cure. As our mission states, we endeavor to “ease the burden—find the cure.” I am thrilled to be serving as your newest President for this great organization. I began in APDA as a support group leader and Social Worker, and I joined the board five years ago. I first got involved with the APDA because my father has Parkinson's, my grandfather had Parkinson's and my great aunt had Parkinson's. It's a cause I am passionate about and I am reminded every day why I began working with the APDA by the amazing people I am so fortunate to work with.

I look forward to serving you and meeting you all at our great events in the months to come!

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzanna'.

Suzanna L. Eller, MA, LMHC
Support Group Leader and Board President



Happy New Year! After the hustle and bustle of the holidays, the New Year brings a welcome peacefulness. It's a time to slow down and reflect on the past year. Is there something you wanted to do but you just never seemed to get around to it? Maybe it was getting back into an old hobby, trying out an exercise class, or getting involved in the community. It is easy to get caught up in daily responsibilities, doctor appointments, and various other obligations. It can be hard to get motivated if your good days are unpredictable and come intermittently. You may feel too tired, unable, or uninterested. Despite all the obstacles, it is important to remember that each year that passes is one we will never get back. Take the time to focus on yourself, set goals, write out a schedule, and make the good days count. It's never too late, and yes, you can do it! We all have to take into consideration our own personal limitations, but they do not define us. Take the New Year as an opportunity to accept the things you cannot change and change the things you can!

At APDA, we are here to help you along your journey. Give me a call at our Information & Referral Center and we'll work together to find something that fits your interests, lifestyle, and abilities. Whether you enjoy biking, singing, or just getting together to talk with folks who might be going through the same things, I can help point you in the right direction. You might have Parkinson's, but it does not have you.

Let's make this the best year yet!

Zeljka Jurcevic
206.277.5516

Connect with the APDA:

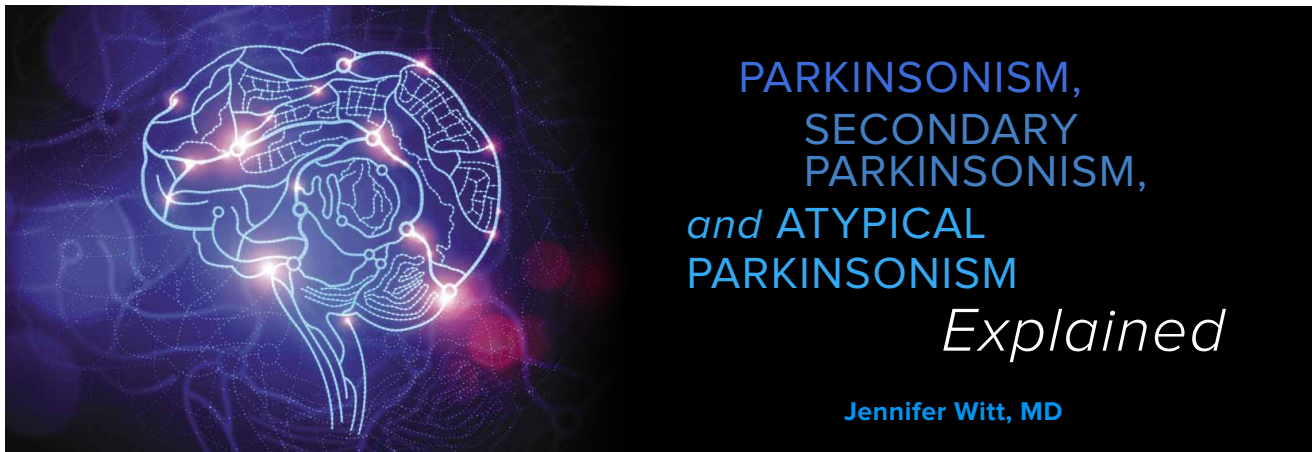
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PARKINSONISM, SECONDARY PARKINSONISM, and ATYPICAL PARKINSONISM *Explained*

Jennifer Witt, MD

WHAT IS “PARKINSONISM”?

THE WORD, “PARKINSONISM” is a descriptive term, not a specific disease like Parkinson Disease (PD). It refers to a group of four signs on a neurological examination: bradykinesia, rigidity, resting tremor, and postural instability. Bradykinesia is slowness and smallness of movement, as well as lack of normal spontaneous movement (e.g. blinking, swinging arms when walking, gesturing while talking). Rigidity is an involuntary resistance to passive movement, so would be detected when your doctor is telling you to relax while he/she moves your limbs. Resting tremor is a rhythmic oscillatory involuntary shaking that occurs when the affected limb is not resisting gravity (e.g. when your hand is resting in your lap or hanging at your side). Postural instability is the inability to regain balance rapidly after being perturbed and is tested in clinic by pulling you backwards and seeing if you can take a step back to stop yourself from falling. Just because someone has “parkinsonism” does not mean they definitely have Parkinson Disease (PD). There are other causes of parkinsonism that can be broadly categorized as “secondary” or “atypical”.

WHAT IS SECONDARY PARKINSONISM?

Secondary parkinsonism is caused from injury to certain areas of the brain. For example, infections such as meningitis or encephalitis, physical trauma to the brain tissue, strokes, tumors, or particular toxins could cause parkinsonism in some cases. There are also some medications that can have parkinsonism as a side effect. These include anti-psychotic medications, which are also known as neuroleptics or dopamine receptor blocking drugs. Some anti-nausea medications such as metoclopramide (aka Reglan), promethazine (aka Phenergan), and prochlorperazine (aka Compazine) can also cause parkinsonism. Par-

kinsonism due to these drugs may persist for several months even after the drug is discontinued. People with Parkinson Disease should also avoid these drugs as it can also worsen their PD symptoms.

WHAT IS ATYPICAL PARKINSONISM?

Atypical parkinsonism refers to other diseases that share similarities to Parkinson Disease, but come from different pathology. This means that the types of neurons (brain cells) that are affected, the location of these neurons, and the types of abnormalities in these cells are different than what happens in Parkinson Disease, though there is some overlap. This group of diseases used to be referred to as “Parkinson plus syndromes” but most movement disorders neurologists have adopted the term “atypical parkinsonism” instead. The reason is that these diseases are not simply “Parkinson Disease plus other stuff,” but they have different courses (meaning what happens when), progression, responsiveness to medications, and severity of certain symptoms. Many people who have an atypical parkinsonism disease are initially diagnosed with Parkinson Disease. But when their signs and symptoms follow an atypical course and do not respond to the medications for PD the way that we expect, their diagnosis is changed. The main examples of atypical parkinsonism diseases include diffuse Lewy body disease (DLB), multiple system atrophy (MSA), progressive supranuclear palsy (PSP), and corticobasal syndrome (CBS). Unfortunately, none of these diseases currently have known cures or disease slowing treatments.

WHAT ARE SOME RED FLAGS FOR POSSIBLE ATYPICAL PARKINSONISM?

There is no single diagnostic test that can differentiate different forms of atypical parkinsonism from ▶

The Parkinson's Progression Markers Initiative (PPMI) Smell Test Study

THE WASHINGTON PARKINSON Disease Registry is working with the Michael J. Fox Foundation to recruit participants for a Parkinson's disease study called The Parkinson's Progression Markers Initiative (PPMI) Smell Study. The goal of this study is to better understand the progression of Parkinson's disease by searching for biomarkers—indicators that could help researchers diagnose PD earlier, follow its progression, and potentially delay or prevent the onset of symptoms.



It may be possible to detect early changes in the brain even before the typical motor symptoms of Parkinson's disease occur. For many people, loss of a sense of smell is a symptom that may occur years before they are diagnosed with Parkinson's disease. While most people with a reduced sense of smell will not develop Parkinson's disease, the majority of Parkinson's patients have reduced sense of smell. The PPMI study aims to learn more about the link between the sense of smell and PD. This study could help researchers detect or prevent PD, before the onset of motor symptoms, in future generations. The study is looking for volunteers who are over the age of 60 and do not have Parkinson's disease to participate in a short survey about their sense of smell. Volunteers can complete the survey online or by mail, and eligible participants will be mailed a scratch-and-sniff smell test. Individuals may be asked to participate in additional assessments based on the results of this test.

If you are over the age of 60, and do not have Parkinson's disease you can get involved by completing the smell survey at www.michaeljfox.org/takethesmellsurvey or by calling 1-877-525-7764.

The Washington State Parkinson Disease Registry (WPDR) connects people with Parkinson disease to the research community. If you are interested in the above studies, or learning about upcoming research trials contact the WPDR at 206.277.6080 or www.registerparkinsons.org

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 each other, or from PD, so the diagnosis is made based on a clinical impression from your neurologist. Some of the red flags that may alert your neurologist include: early falls, early or rapid cognitive decline, rapid progression in loss of mobility (e.g requiring a wheelchair within 5-7 years of symptom onset), hyperactive reflexes on exam, large drops in blood pressure while standing, early bladder incontinence, and lack of sustained (e.g. 5 years or more) positive responsiveness to levodopa. Sometimes people with atypical parkinsonism can respond to levodopa positively, but the degree of response is not as robust as what we see with PD patients, and it may not continue to help for as long as it does with PD patients. It is common for patients to be told they have “parkinsonism” when the

neurologist is not totally certain whether they have PD, secondary parkinsonism, or atypical parkinsonism. This is often because they must follow the patient for a longer period of time to be more certain, or to assess response to medication. Currently, we need more objective tools for diagnosing these diseases earlier and with more certainty, which would also improve clinical trials for treatments. For now, the American Academy of Neurology recommends that people with PD have their diagnosis re-evaluated at least annually by their neurologist. **P**

Dr. Jennifer Witt is a movement disorder specialist, and the medical director of movement disorders, at Swedish Medical Center in Seattle, Washington.



Dealing with Bladder *and* Bowel Dysfunction

Pat Chalk, PT

Booth Gardner Parkinson's Center

BLADDER AND BOWEL PROBLEMS plague many people, men and women alike. About 25 million Americans have difficulty with urination and/or bowel function. Of these, 2/3 are women and 1/3 are men. Bladder and bowel dysfunction is very common for those with Parkinson's disease, though there are many other causes as well. Bladder and bowel problems can present in multiple ways. Some of these problems, such as over-active bladder syndrome may be treated with medication, however for most of the problems, improving the function of the pelvic floor muscles and changing some daily habits can greatly improve many urinary and bowel problems.

The pelvis is a ring of three bones held together by very strong ligaments and muscles. The pelvic floor is a group of nine muscles in three layers covering the bottom of the pelvis. The muscles create a moveable sling which supports the organs and structures above it. The pelvic floor muscles also assist in pelvic stability which is needed for balance and mobility. When they contract, the pelvic muscles pull up and in as if closing an upside down umbrella. The muscles move forward and up closing off the urinary and anal sphincters, thus stopping urination and the passage of gas or fecal leakage.

With Parkinson's disease, common urinary problems include urinary urgency, urge incontinence, stress incontinence, overactive bladder and incomplete emptying. Bowel difficulties are usually constipation and inability to defecate. Constipation problems can begin years before other Parkinson

symptoms occur and bladder problems may show up later in the disease process.

Urinary urgency is the need to urinate frequently and is usually caused by bladder irritation from increased acidity or over active nerves. Stress incontinence occurs when increased pressure on the bladder from coughing, sneezing or impact such as jumping or jogging pushes urine out of the urethra and the pelvic floor muscles are not closing off the sphincter properly. If you are not able to get to the bathroom and have urine leakage on the way, we call that urge incontinence. Incomplete bladder emptying and failure to fully evacuate the bowels is usually due to the pelvic muscles failing to relax sufficiently. Constipation can have many causes, from decreased fiber or fluid in the diet, to slowed movement of material through the colon, or to medications.

Normal bladder function is urinating every 2-4 hours during the day and awakening to urinate no more than one time at night. If you urinate more frequently is it a NEED or a HABIT? Do you urinate every time you awaken at night or leave your house or leak urine whenever you put your key in the door? These are not normal and may be habits that you need to break. Often we teach our bladder to feel the need to urinate more frequently than normal by "JINC's" 'just in case' urination. IF you don't urinate at least 8-12 seconds you really did not need to urinate. Do you drink 1/2 your weight in water every day or do you drink diet soda or lots of coffee? Soda and coffee are bladder

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A *Durable Power-of-Attorney* may be the most important legal document you execute

Carla Calogero

What is a Durable Power-of-Attorney?

A DURABLE POWER-OF-ATTORNEY is a document in which you (the “Principal”) give another person (your “Attorney-in-Fact”—also termed your “Agent”) the legal authority to act on your behalf, should you be unable or unwilling to do so. A “Durable” Power-of-Attorney remains in effect when you are incapacitated, and must expressly state so. By law, all Powers-of-Attorney terminate upon the death of the Principal.

Typically, the two broad types of authorities designated in Power-of-Attorney documents pertain to either finances and property, or health care.

You can execute a single Durable Power-of-Attorney for both finances and health care, but the document must expressly authorize your Attorney-in-Fact to make health care decisions for you.

The remainder of this article focuses on Durable Powers-of-Attorney for Health Care.

Who will make health care decisions for me if I don't have a Durable Power-of-Attorney for Health Care?

Washington law (RCW 7.70.065) establishes a hierarchy of persons who health care providers will ask to make decisions on your behalf if you are incompetent. If there are two or more individuals in the same class, e.g., adult children, consensus is required. If there are no willing or able individuals designated by statute, or if there is substantial conflict between individuals, a guardianship proceeding may become necessary.

Why is it important to have a designated Health Care Attorney-in-Fact?

By designating an Attorney-in-Fact to make health care decisions on your behalf, you increase the likelihood that decisions about your care are made

by someone you trust and who is willing to make such decisions on your behalf. In your Durable Power-of-Attorney for Health Care, you not only give your Attorney-in-Fact authority and guidance to make health care decisions on your behalf when you are unable to do so, but you also give him or her permission to make, what can be, difficult decisions. Finally, having a designated Attorney-in-Fact can avoid a costly and invasive guardianship proceeding (guardianships can be of the person and/or the estate, so it is important to designate an Attorney-in-Fact for finances and property as well as for health care).

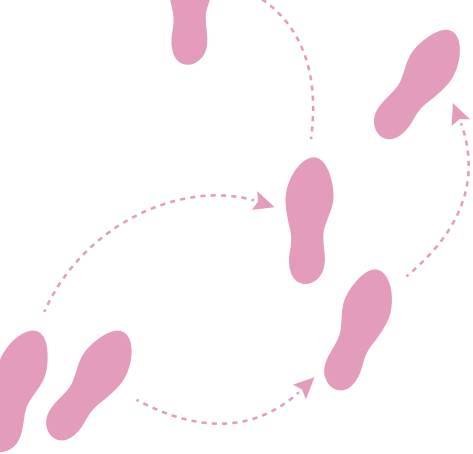
What kinds of decisions can I authorize my Health Care Attorney-in-Fact to make for me?

- Access your confidential health care information and records
- Consult with physicians and other health care providers
- Consent to, refuse or withdraw medical treatment
- Employ and discharge care providers
- Make arrangements for your care at home, a hospital, nursing home or other facility

How is my Health Care Attorney-in-Fact supposed to make decisions on my behalf?

Your Attorney-in-Fact should use “substituted judgment”—that is, make the choices and decisions that you would make about your care, if you had capacity, based on your previously expressed values and preferences, and your previous decisions. If your Attorney-in-Fact is unsure what decision you would make in a particular circumstance, then she is to make decisions based on what she believes to be in your “best interest.”

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THE TYPICAL IMAGE that comes to mind when most people think of a dance class designed for those with neurological disorders, is a watered-down version of the fine art; a mundane, unchallenging and uncreative activity that resembles dance only by its name. Walking into Corrie Befort's Dance for PD class in Anacortes, WA you certainly won't find any of that.

The class is held in a fully equipped, professional dance studio at Fidalgo Dance Works, a non-profit school of dance offering classes for all ages and activity levels. Instructor and professional dancer, Corrie Befort, completed specialized training from the Mark Morris "Dance for PD" program in Brooklyn, New York and has been teaching classes for people with PD for the past several years. The program, which has been featured on countless media outlets such as CNN, PBS Frontline, and The Seattle Times, focuses on creating an "aesthetic experience that uses the elements of narrative, imagery, live

music, and community, to develop artistry and grace while addressing such PD specific concern as balance, flexibility, coordination, isolation, and depression."

Corrie leads the class through complex movements of classic and modern ballet, accompanied by live music played on keyboard by Jim Weaver, who never seems to miss a beat. He intuitively follows along with the ever-changing rhythm of the group's movements and even writes music specifically for the class, inspired by the day's lesson. With each movement, Corrie shares her inspiration behind the choreography, and teaches her students about the history of music and dance.

Corrie's passion for her work radiates through every tendu and plié. Long time student Nola Beeler comments, "you



SPOTLIGHT *Dance for Parkinson's*



can't not have fun when you see how much fun she is having." Although Corrie emphasizes that her class is about dance, not therapy, her students seem to take away much more than that.

Along with her friend, Deborah Magallanes, Corrie teaches classes in the Seattle Dance for Parkinson's Program, as well as Port Angeles and Chimacum throughout the year, and welcomes people with MS and other neuromuscular conditions to try the class as well. **P**

The Dance for Parkinson's class in Anacortes, WA is sponsored by Fidalgo Dance Works. For more information call 360.299.8447 or dance@fidalgodanceworks.org Information for Seattle area classes, sponsored by Northwest Parkinson Foundation, can be found at <http://www.stgpresents.org/education/parkinsons> For a complete list of exercise and dance classes in your area visit the "Classes & Events" tab on our website www.waparkinsons.org



Farewell...



DR. JAMES LEVERENZ

FOR OVER 10 YEARS, Dr. Leverenz has been an integral part of research, education, and care for the Parkinson's community in the Pacific Northwest. After receiving his medical degree from the University of Washington, where he graduated with Honors, Dr. Leverenz went on to complete his neurology residency at the Cornell Medical Center in New York, and his neuropathology fellowship at the University of Chicago. In 1992 he returned to the Seattle area, where he has since played many different roles. In addition to his work at the University of Washington as professor of the departments of Neurology, and Psychiatry and Behavioral Science, he has worked as a neurologist and researcher at VA Puget Sound Health Care System. An expert in his field, Dr. Leverenz has led various influential studies in both Parkinson's and Alzheimer's research for which he was presented the Research Award for Geriatric Neurology from the American Academy of Neurology in 2002, and numerous other honors.

Since 2007, the Washington Chapter of the American Parkinson Disease Association has had the honor of having Dr. Leverenz as the Medical Director of the Information and Referral Center in Seattle, WA. His expertise has aided the center in providing exceptional education about Parkinson's disease, raising awareness, supporting research, and connecting the community to local resources. His undeniable compassion for his patients and devotion to his work, are evident in all that he has done. Although he will be greatly missed, there is no doubt that the contributions he has made will continue to benefit the Parkinson's community. We wish him the best of luck in his future endeavors.

Welcome...



DR. ALI SAMII

WITH THE START of the New Year, we are pleased to announce Dr. Ali Samii as the Medical Director of the Washington APDA Information & Referral Center. Dr. Samii serves as a leading expert in movement disorders at the University of Washington Medical Center and VA Puget Sound Health Care System, where he is also the Director of Clinical Care. He has acted as Co-Director of the Washington APDA Information & Referral Center since 1998, and has recently accepted the role of Medical Director. Dr. Samii completed his medical degree at McGill University in Montreal, Canada and additional training in neurology, specializing in movement disorders. Throughout his career he has received numerous awards, including the Michael J. Fox Foundation for Parkinson's Research recognition award, and "Top Doctors of Seattle" by Seattle Magazine for three consecutive years. In addition to his contributions to research and clinical responsibilities, Dr. Samii has trained many of the region's top doctors, including neurologists, pharmacists, and fellow movement disorder specialists. His remarkable work has been widely recognized and featured in hundreds of publications. It is a true privilege to welcome Dr. Ali Samii as the Medical Director of the Washington APDA Information & Referral Center.

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Do I give up my right to make decisions for myself if I execute a Power-of-Attorney for Health Care?

No. As long as you have decision-making capacity and are willing and able to communicate your preferences, even in a rudimentary manner, your oral instructions will override those of your Attorney-in-Fact and any written instructions you have previously provided.

How do I choose whom to designate as my Health Care Attorney-in-Fact?

Your Attorney-in-Fact for health care decisions should be a person who:

- You trust
- You are comfortable discussing your values and preferences
- Is willing to serve as your Health Care Attorney-in-Fact
- Is capable of carrying out your

preferences, even if they are different from his or her own

- Will be a strong advocate for you
- Will be able to get along with your Attorney-in-Fact for finances (if they are not the same person).

In addition, you should appoint an alternate Attorney-in-Fact, in the event that your first-named Attorney-in-Fact is unable or unwilling to serve. If there is not a suitable family member or friend to appoint as your Attorney-in-Fact, you may consider designating a professional fiduciary to serve as your Attorney-in-Fact.

Do I have to have an attorney prepare my Power-of-Attorney?

There is no requirement that an attorney draft your Power-of-Attorney document(s) in order for the document to be legally valid. However, an elder law or estate planning attorney will be able to draft

a Power-of-Attorney that reflects your individual circumstances and preferences. A Durable Power-of-Attorney may be the most important legal document you execute, making consultation with an attorney a prudent and wise investment of time and money.

Are there other advance care planning documents I should consider completing?

Yes, a Health Care Directive (“Living Will”), a POLST form, a Disposition of Remains instructions, and, perhaps, a Mental Health Advance Care Directive. Consult with your physician and your elder law or estate planning attorney about which of these advance care documents may be appropriate for you. **P**

Carla Calogero is an elder law and estate planning attorney at Aiken, St. Louis & Siljeg, P.S. in Seattle, Washington.

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irritants that lead to bladder irritation and create urgency requiring you to urinate too frequently. Other bladder irritants include alcoholic drinks, vinegar, tomato based products, spicy foods, citrus and artificial sweeteners and food colorings. Coffee and black tea, including decaffeinated, are also bladder irritants. Your bladder would be happier if you substituted pear or apricot juice for orange juice, herbal non-citrus tea or cold processed coffee. Drinking plenty of water usually does not increase your need to urinate; it decreases the acid in your bladder so you can hold the urine longer.

Lots of water also helps to prevent constipation. Increased fiber in your diet from fruits, vegetables and whole grains will also help to decrease constipation. Some people may require stool softeners. Exercise also helps to decrease constipation. Inability to fully empty the bowels may be a muscle tension or tremor problem and require relaxation training. If you have problems with this, do not strain to defecate as this stretches and further weakens the pelvic floor muscles. Try sitting in a forward bent position on the toi-

let with your arms resting on your thighs. This helps to relax the pelvic muscles. Pushing with the abdominal muscles, not the pelvic muscles, as you forcefully breathe out, may also help.

What should you expect when seeing a pelvic health physical therapist? An in-depth history, including a dietary and voiding diary for two days, is usually the first information a pelvic health physical therapist (PT) will discuss. The PT may educate you in what is normal for urination and defecation and suggest ways to improve your daily habits. To assist with decreasing these problems an assessment of the strength and function of the pelvic floor muscles is important. After assessment, the pelvic floor therapist will design a treatment program appropriate to the problem(s) you may be having. This usually is strengthening and improving the coordination of the muscles but may require teaching muscle relaxation methods or core stabilization techniques. As previously mentioned bladder and bowel problems are very common. Discuss with your physician if you are having any bladder or bowel concerns and if indicated your physician can refer you to a therapist specializing in pelvic health. **P**

Support Groups

in the Pacific Northwest

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
ALASKA	General	923 W 11th Ave Anchorage	3rd Saturday of the month at 3:30 pm	Peter Dunlap-Shohl	(907) 350-9691 dunlapshohl@gmail.com
ANACORTES	General	Island Hospital, 1211 24th St.	3rd Thursday of the month at 1:00 pm	Jerry Ramsey and Nola Beeler	(360) 293-2185 njbeeler@yahoo.com
BELLEVUE	Young Onset	North Bellevue Community Center 4063 148th Ave NE	1st Wednesday of the month at 7:00 pm	Suzanna Eller	(206) 938-8298 suzanna.eller@providence.org
BLAINE	General	Blaine UCC, 885 4th Street	2nd Friday of the month at 5:00 pm	Inge Reuter	(360) 332-4564 blaine-pdsg@hotmail.com
BOTHELL	General	North Shore Senior Center 10201 E Riverside Dr.	3rd Tuesday of the month at 10:00 am	Susan Quinn	(425) 488-4821 susanq@seniorservices.org
BREMERTON	General	Canterbury Manor 703 Callahan Dr.	1st Tuesday of the month at 1:30 pm	David Hull	(360) 895-6220
CHEHALIS	General	Bethel Church 132 Kirkland Rd., Napavine, WA	2nd Thursday of the month at 1:00 pm	Jan Erickson	(360) 273-9987
CLARKSTON	General	Tri-State Hospital 1221 Highland Ave, Clarkston, WA	2nd Monday of the month at 1:30 pm	Doris Berry and John Molohon	(208) 743-3947 and (509) 758-3758
COVINGTON	General	St. John the Baptist Catholic Church 25810 156th Avenue SE	3rd Tuesday of the month at 10:30 am	Stephanie De Leon Lawson	steph.pdgroup@gmail.com
COEUR D'ALENE	General	Lake City Senior Center 1916 N Lakewood Dr.	1st Friday of the month at 1:00 pm	Beth Hatcher	(208) 635-5243 cdapsg@hotmail.com
DES MOINES	General	Wesley Homes, 815 S. 216th St. *contact group leader before attending*	3rd Wednesday of the month at 10:00 am	Rita Lambert	(206) 870-1302 rlambert@wesleyhomes.org
EDMONDS	Deep Brain Stimulation	*group meets quarterly; date, time and location to be determined*		Michelle Bauer	(206) 320-2883 michelle.bauer@swedish.org
EDMONDS	General	Edmonds Senior Center 220 Railroad Ave	2nd Wednesday of the month at 1:00 pm	Carol Agueyo	(425) 743-6029 agua549@frontier.com
ELLENSBURG	General	Rosewood Senior Park Club House	2nd Monday of the month at 1:00 pm	Rhoda Crispin	(509) 962-8283 rhoda.crispin@fairpoint.net
EVERETT	Caregiver (Lewy Body Dementia)	Carl Gipson Senior Center 3025 Lombard Ave	*contact facilitator for date/time info*	Joy Walker	(425) 457-4793 joyincaregiving@yahoo.com
FEDERAL WAY	General	Life Care Center of Federal Way 1045 S. 308th	3rd Tuesday of the month at 1:30 pm	Sandra Machado	(206) 334-8440 Sandra_machado@lcca.com
GIG HARBOR	General	St. Anthony's Hospital 11567 Canterwood Blvd. NW	2nd Wednesday of the month 4:00 pm	Doug Manuel	(253) 858-8741 manuel@harboret.com
HOQUIAM	General	Hoquiam Library, 420 7th St.	Last Tuesday of the month at 6:00 pm	Betsy Seidel	(360) 533-5968 betsycamel@yahoo.com
ISSAQUAH	General	Our Savior Lutheran Church 745 Front St. S	2nd Monday of the month at 2:00 pm	Suzanna Eller	(206) 938-8298 suzanna.eller@providence.org
KIRKLAND	Caregiver	EvergreenHealth room TAN-121 12040 NE 128th St	2nd & 4th Tuesday of the month at 1:00 pm	Amy Cole	(425) 899-3122 alcole@evergreenhealth.org
LONGVIEW	General	Canterbury Inn/Chateau Dining Room 1324 3rd Ave	3rd Wednesday of the month at 1:45 pm	Barbara Sudar	bnbsudar@msn.com
LOPEZ ISLAND	General	The Gathering Place Lopez Village	3rd Monday of the month at 4:30 pm	Jackie Ashe	(360) 468-2435 jackieashe@centurytel.net
LYNNWOOD	Caregiver	Center for Healthy Living 4100 Alderwood Mall Blvd Suite 1	1st & 3rd Wednesday of the month at 2:00 pm	Carmen Rasmussen	(425) 670-8984 x 22 crasmussen@lcsnw.org
MT VERNON / BURLINGTON	General	Logan Creek Retirement Community 2311 East Division St., Mt Vernon	1st Monday of the month at 10:00 am	Ginger Dollarhide and Tori Kelly	(360) 629-8426/(425) 422-1067 weewiseginger@gmail.com
OLYMPIA	General/ Exercise	Olympia Senior Center 222 Columbia Street NW *membership required* 1 year=\$30/individual \$55/couple	Every Wednesday at 11:00 am *exercise class meets every 3rd Wednesday*	Joyce Beckwith	(360) 586-6181 admintemp@ southsoundseniors.org
OLYMPIA	General/ Exercise	Olympia Senior Center 222 Columbia Street NW	3rd Tuesday of the month at 11:00 am *exercise class meets every Tuesday at 11 am*	Rozanne Rants	(360) 705-8520

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
ORCAS ISLAND	General	Orcas Senior Center 62 Henry Rd., Eastsound, WA 98245	Tuesdays at 1:00 pm	Ted Grossman	(360) 376-4979 tfgrossman@yahoo.com
PORT ANGELES	General	328 E. 7th Street (On the SW corner of 7th & Peabody)	4th Wednesday of the month at 10:30 am	Darlene Jones	(460) 457-5352 djones@olympen.com
PORT ANGELES	General/ Dance	Sons of Norway, 131 West 5th St.	3rd Saturday of the month	Darlene Jones	(460) 457-5352 djones@olympen.com
POULSBO	General	North Point Church 1779 NE Hostmark St.	1st Monday of the month at 1:00 pm	Lana Gills	(360)779-7178 lanagale@earthlink.net
POULSBO	General/ Exercise	Poulsbo Athletic Club 19611 7th Avenue NE	3rd Monday of the month at 1:30 pm	Lana Gills	(360)779-7178 lanagale@earthlink.net
PUYALLUP	General	Life Care Center of Puyallup 511 10th Ave SE	3rd Thursday of the month at 11:45 am	Karen Williams	(253) 845-7566 karen_williams@lcca.com
PUYALLUP	Caregiver	Life Care Center of Puyallup 511 10th Ave SE	1st Tuesday of the month at 1:30 pm	Karen Williams	(253) 845-7566 karen_williams@lcca.com
REDMOND	General	Emerald Heights 10901 176th Cir NE	3rd Weds of the month at 1:00 pm	John Waltner	(425) 556-8140 johnw@emeraldheights.com
RICHLAND	General	Kadlec Neurological Resource Center 560 Gage Blvd, Ste 106	3rd Monday of the month at 1:30 pm	Heidi Hill	Heidi.hill@kadlecmed.org
RICHLAND	General	Kadlec Neurological Resource Center 560 Gage Blvd, Ste 106	3rd Thursday of the month at 4:30 pm	Heidi Hill	Heidi.hill@kadlecmed.org
SEATTLE	Young Onset	*please contact facilitator for current location*	2nd Tuesday of the month at 7:00 pm	Suzanna Eller	(206)938-8298 suzanna.eller@providence.org
SEATTLE	Caregivers of Veterans	Seattle VA Medical Center 1600 S. Columbian Way Room 1D-146gg (near the West Clinic)	Every Monday at 1:00 pm	Kris Fredrickson	(206) 764-2188 kris.fredrickson@va.gov
SEATTLE	Caregiver	Studio Evolve Pilates and Bodywork 333 Wallingford Ave N	2nd Monday of the month at 10:00 am	Joy Walker	(206) 457-4793 joyincaregiving@yahoo.com
SEATTLE	Caregiver	Greenwood Senior Center 525 North 85th Street	2nd Tuesday of the month at 1:00 pm	Carin Mack	(206) 230-0166 socialwkr@earthlink.net
SEATTLE	General	Horizon House 900 University Street	4th Monday of the month at 1:30 pm	Carin Mack	(206) 230-0166 socialwkr@earthlink.net
SEATTLE	Atypical PD (MSA, PSP, CBD)	Exeter House 720 Seneca Street	4th Monday of the month at 11:00 am	Carin Mack	(206) 230-0166 socialwkr@earthlink.net
SEATTLE	General	University House Wallingford Northwest Conference Room, 1st Fl 4400 Stone Way N	2nd Thursday of the month at 2:30 pm	Susanne M. Rossi	(206) 470-8041 Susanne.rossi@eraliving.com
SEATTLE	General	The Hearthstone 6720 East Green Lake Way N	2nd Tuesday of the month at 2:00 pm	Erica Campbell	(206) 774-5173
SEATTLE (WEST)	General	Providence Mt. St. Vincent 4831 35th Ave SW	1st Tuesday of the month at 2:30 pm	Suzanna Eller	(206) 938-8298 suzanna.eller@providence.org
SEATTLE (WEST)	General	The Kenney Retirement Community 7125 Fauntleroy Way SW	4th Monday of the month at 2:00 pm	Michael Byus	(206) 937-2800 ext. 5232 MByus@TheKenney.org
SEATTLE (WEST)	General	Arrowhead Gardens 9200 2nd Ave SW	3rd Thursday of the month at 10:00 am	Dagmar Cronn	cronn@oakland.edu
SHELTON	General	Alpine Way Assisted Living 900 W Alpine Way	2nd Tuesday of the month at 12:30 pm	Rebecca Jackson	(360) 426-6194 jacksonrebecca06@gmail.com
SHORELINE	General	Shoreline Senior Center 18560 1st Ave NE	4th Tuesday of the month at 11:00 am	Scott Theisen	(206) 268-6761 scottth@seniorservices.org
SPOKANE	General	Deaconess Health & Education Center 800 West 5th Ave	2nd Wednesday of the month at 1:30 pm	Cyndi Cook	(509) 473-2490 center@spokaneparkinsons.org
SPOKANE	Young Onset	*contact group leader for time and location information*		Cyndi Cook	(509) 473-2490 center@spokaneparkinsons.org
SPOKANE	Women's Group	*contact group leader for location information*	1st Thursday of the month at 1:00 pm	Julie Willis	(509) 467-2240
STANWOOD	General	Stanwood Senior Ctr; ctr social room 7340 276th Street NW	2nd Monday of the month at 10:00 am	Victoria Kelly and Ginger Dollarhide	(425) 422-1067 / (360) 629-8426 kellytori7@gmail.com / weewiseginger@gmail.com
TACOMA	General/Voice	Tacoma Lutheran Home 1301 N Highlands Parkway	3rd and 4th Friday of the month at 11:30 am	Sharon Jung	(253) 752-7112 psnhogan@aol.com
VANCOUVER	General	The Quarry Senior Living Marble Room (2nd Floor) 415 SE 177th Ave	2nd Tues. of the month at 12:15 pm *bring brown bag lunch, snacks and drinks provided*	Maria Jokela	(360) 944-6000 office/ (503) 290-4443 cell mjokela@thequarryliving.net
VANCOUVER	Caregiver	The Quarry Senior Living Private Dining Room (1st floor) 415 SE 177th Ave	2nd and 4th Tuesday of the month at 1:30	Maria Jokela	(360) 944-6000 office/ (503) 290-4443 cell mjokela@thequarryliving.net

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CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
VASHON	General	Vashon Lutheran Church Fellowship Hall, 18623 Vashon Hwy SW	1st Friday of every month	Steve Steffen	(206) 463-2655 steve_steffen@yahoo.com
WALLA WALLA	General	*contact support group leader to confirm* First Congregational Church 73 S Palouse St	*contact support group leader to confirm* 4th Saturday of the month at 4:00 pm	Darlene Lambert	(509) 382-4012
WASHINGTON PENINSULA	General	Ocean Park Lutheran Church 24002 U St.	4th Friday of the month at 1:30 pm	Roy & Patti Pellerin	(360) 665-3284
WENATCHEE	General	*contact group leader for information*	3rd Tuesday of the month at 2:00 pm	LaVerna Armintrout Sandy Erickson	(509) 884-6833 condovikings@gmail.com
WENATCHEE (EAST)	Caregiver	Aging and Adult Care Center	4th Tuesday of month at 2:00 pm	Marilyn Jorgensen	(509) 663-2768
WHIDBEY IS. (NORTH)	General	Cherry Hill Clubhouse 549 NW 12th Loop	1st Friday of the month at 1:00 pm	Carolyn Hansen	(360) 279-1785 wchansen192@comcast.net
WHIDBEY IS. (SOUTH)	General	South End Senior Center	2nd Tuesday of the month at 10:00 am	Carolyn Hansen	(360) 279-1785 wchansen192@comcast.net

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RECENT EVENTS

Hope Conference 2013

WE WERE THRILLED by the over 500 attendees who joined us on November 16th for our 8th Annual HOPE for Parkinson's Conference! We were pleased to welcome an exceptional line up of guest speakers from across the country.

This year the conference was held at the Meydenbauer Center in Bellevue, Washington and we are happy to report lots of positive feedback from attend-

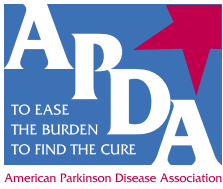


Photo courtesy Ken Kisch

ees with regards to speakers, parking, the venue, and layout of the room.

All of the speakers gave dynamite talks, which you will be able to view soon on our website. Dr. Helen Bronte-Stewart opened the conference and spoke about movement in Parkinson's, which led into her research on Deep Brain Stimulation. Dr. Anne Udall, advocate with the Parkinson's Action Network, and daughter of senator Morris K. Udall, spoke about her relationship with her father and her journey to advocacy. Peter Lynch, who leads the APDA supported Yoga for Parkinson's at Northwest Hospital, led the crowd in some gentle yoga and stretching, accompanied by some of his students. Dr. Paul Short, a neuropsychologist, spoke about relationships, especially between the care-partner and the person with Parkinson's. And Laurel Beck, a physical therapist, closed the conference by discussing exercise, movement, and the LSVT BIG program.

Thanks to everyone who joined us! We hope that you'll save the date for next year's HOPE Conference, which will be held again at the Meydenbauer center on November 1, 2014.



APDA Information and Referral Center
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