

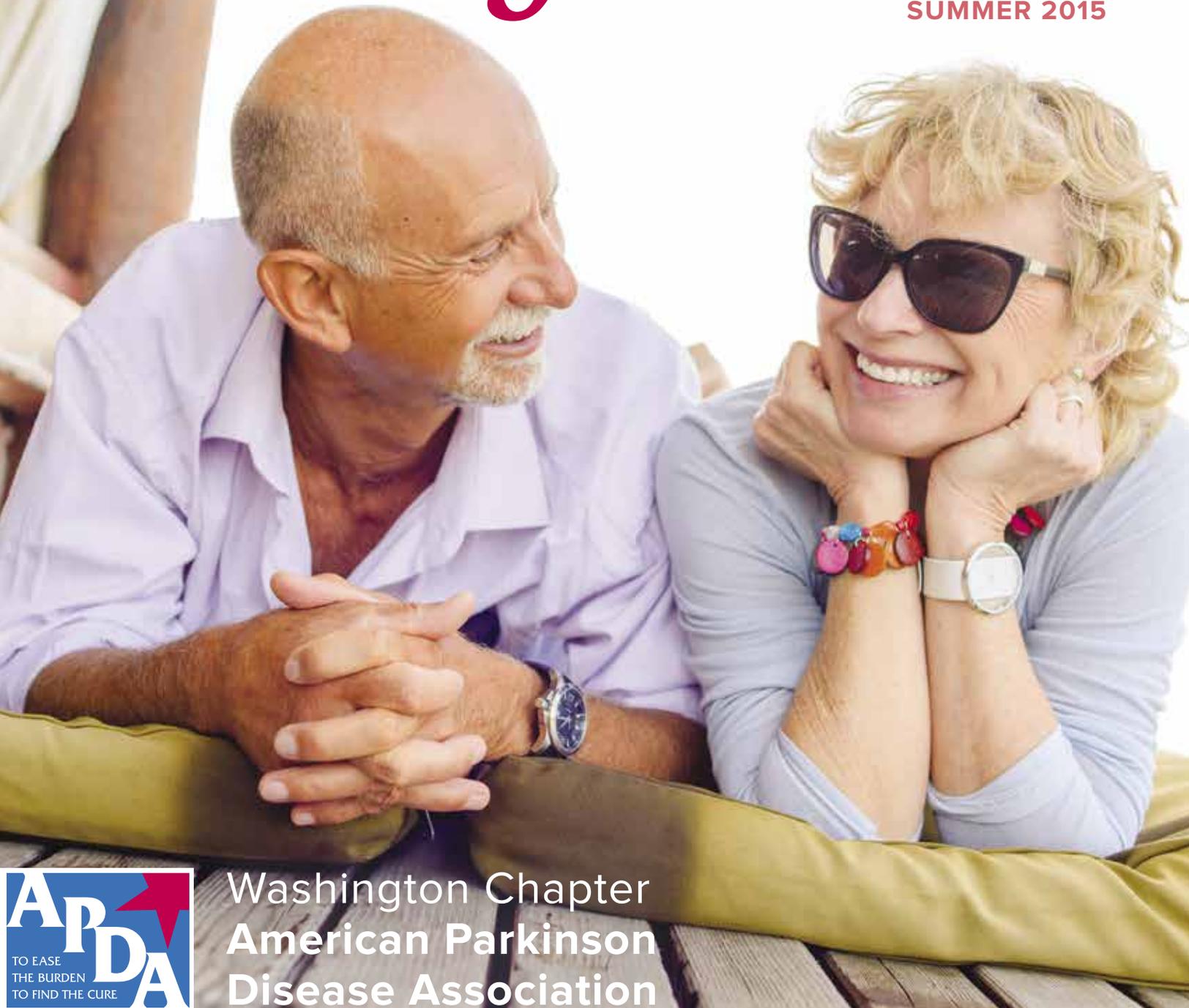
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& Cognition in PD

PARKINSON *Pathfinder*

SUMMER 2015



Washington Chapter
American Parkinson
Disease Association

SUMMER 2015

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Parkinson's: It's Personal



IN 2008, I WAS WORKING as a corporate attorney in Boeing's Washington, D.C. office when I noticed troubling changes in my movements and coordination. My signature, usually fluid and easy, had become cramped, jagged, ugly. Keyboarding was difficult and slow, particularly with my right hand. My wife, Katy, observed that during our neighborhood walks I would no longer swing my right arm. When the neurologist presented his diagnosis of Parkinson's it came as no surprise, except I remember the thought flashed through my mind: "Surely by now they must have a cure." My aunt Mildred, a lady who personified graciousness, struggled with Parkinson's for decades before succumbing to the disease.

Fast forward to 2015. To use a football analogy, at the end of the first quarter the score is Stephen - 21, Parkinson's - 6. I took early retirement from Boeing, and have found real joy spending relaxed time with my family, and in taking up variety of new hobbies and interests. We moved from suburban D.C. to the refreshing maritime coolness of West Seattle, in a house five blocks from Alki Beach. I follow an intensive exercise regimen under the guidance of a terrific fitness instructor. Doing yoga, I can hold the plank position for four minutes. I am able to drive to, explore, and photograph locations of awesome natural beauty; from the Canadian Rockies' northern outpost of Jasper, to Bandon Beach, Oregon. Added to this, I have reveled in the new friendships and professional associations of being part of the Washington State Parkinson's community, and specifically as a board member (now executive board member) of the Washington chapter American Parkinson Disease Association. Yet, I realize there are three quarters of the game to be played. And I am still terrible at keyboarding.

I am proud of the many tangible, "rubber meets the road," programs the APDA sponsors which help Parkinson's patients cope on a daily basis; the Parkinson's support groups we facilitate, the yoga classes, Ride Repay program and a host of others. It is gratifying to know that APDA here is far more than just a newsletter publisher or an information clearinghouse. Included in this mix is the stalwart support for Parkinson's research, and in particular the Washington State Parkinson's Disease Registry. The APDA motto, "to ease the burden and find a cure," is precisely what APDA does here both in the state and throughout the Northwest region.

Since I am a fan of inspirational quotes, I leave with two. Teddy Roosevelt: "Nobody cares how much you know, until they know how much you care." The second from the French novelist Colette: "I've really had a wonderful life, I just wish I'd realized it sooner."

Stephen Bergeholtz
Executive Board Member

The **8** Disciplines of a Parkinson's Patient

Stephen R. Bergenholtz

FOR SEVERAL YEARS AFTER BEING diagnosed with Parkinson's I thought I was, to put it bluntly, entitled to be lazy. I should relax, take it easy, put it off until tomorrow. I have now embraced the opposite view—that successfully coping with Parkinson's requires a disciplined life style. For one thing, the loss of dopamine affects not only one's physical ability to move, but the motivation to move as well. Often, I feel that my brain is not telling me that I can't move; it is saying: "But I don't want to move" In my thinking, there are two ways to combat this loss of motivation; one being that an activity is so appealing to do (that is, it is fun) that the reduction in motivation is overcome by desire. The second way is by sheer, heavy starch in the collar, discipline. As such, these Eight Disciplines are intended to be mandatory, not simply aspirational. Adhering to them is well within the reach of nearly every Parkinson's patient.

1. **I WILL MEET REGULARLY WITH MY DOCTOR**, follow his or her advice, and find a new doctor quickly if my regular doctor moves or is unavailable. I will educate myself about Parkinson's, with specific attention to my symptoms, and treatment for those symptoms. If I become convinced that my doctor is not providing proper and effective medical care, I will find a new doctor.
2. **I WILL TAKE MY PRESCRIBED MEDICATIONS** on a daily basis, and organize and track my medication supplies to ensure I do not run out. I will monitor the effectiveness of these medications, and any side effects, and review with my doctor.
3. **I WILL DEVELOP AND FOLLOW A PROGRAM OF DAILY AND WEEKLY PHYSICAL EXERCISE**, in consultation with medical and exercise professionals.
4. **I WILL MAKE GOOD SLEEP HABITS A PRIORITY**, and eliminate or reduce distractions or interruptions which may inhibit me from getting a good night's rest.
5. **I WILL FOSTER AN ATTITUDE OF OPTIMISM AND WELL-BEING** and strive to reduce stress, recognizing that stress increases my Parkinson's symptoms. I will cultivate, develop and pursue old and new hobbies and interests, seeking out activities which are both fun and healthy.
6. **I WILL FOCUS ON REMAINING ENGAGED WITH MY FAMILY, FRIENDS, CAREGIVERS, AND OTHERS** and resist the tendency to withdraw.
7. **I WILL ALLOCATE 30 MINUTES DAILY TO READING RELATED TO HAVING A POSITIVE MENTAL ATTITUDE**, to my spiritual outlook, or to my faith beliefs.
8. **AS I AM ABLE, I WILL CONTRIBUTE TO THE COMMUNITY OF PARKINSON'S PATIENTS**, whether by giving my time, talents, money, or by participating in medical trials.

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Diagnosing Parkinson Disease

Daniel Burdick, MD

“How can the doctor think I have Parkinson’s? He didn’t do any tests at all!”



RECEIVING A DIAGNOSIS OF PARKINSON disease can be a life-altering experience. Many naturally hope the diagnosis is wrong. This is a natural reaction to any major diagnosis, but particularly for one like Parkinson’s which is a clinical diagnosis—a diagnosis made on the basis of symptoms and signs. In this age of technology, we have come to expect lab tests and expensive scans, and may sometimes forget the power of clinical medicine.

A diagnosis of PD begins with the history—the story that you tell the doctor about how you felt, what you have experienced, and how it has changed over time. As doctors listen to the history, we are listening for clues that might suggest or refute certain diagnoses. In PD for instance, people often describe a tremor, stiffness, or trouble using a limb, usually with gradual worsening over the

prior months or years. After listening to the history, we usually have a good idea of whether PD is a possible diagnosis or not, but the formal diagnosis depends on the physical exam.

There are four primary signs we look for during the physical exam to determine if a patient has “parkinsonism:” tremor, rigidity, bradykinesia, and postural instability. The tremor of PD is typically a rhythmic shaking that occurs when the limb is not being actively used (a “resting” tremor) and that is worse on one side of the body than the other. I say “typically” because of course there are always exceptions! We examine a tremor by direct and indirect observation, sometimes trying to distract you with a cognitive challenge, and by seeing how the tremor changes in various positions and with various actions.

“Rigidity” refers to a specific type of stiffness of the muscles. Rigidity makes it harder for us to move your joint. In assessing this, we ask you to relax completely and then try to move several of your joints. A relaxed limb is normally loose and flexible; if we feel resistance, it may suggest rigidity. The term “cogwheeling” is often used in conjunction with rigidity, but it is not synonymous. It refers to a feeling of ratcheting as we move the limb and is often, but not always present in a rigid limb.

“Bradykinesia,” literally translated, means “slow movement.” This is often something people with PD (or their loved ones) will describe in the history, but in the physical exam we are looking specifically at the speed and size of repeated movements. Without PD, movements like finger tapping or toe tapping are full, fast, and smooth. ▶

► With PD, repeated movements become slow and small. In particular, we are looking for two features called “decrementing” and “hesitations.” Decrementing means the movements get smaller and slower as they are repeated. Hesitations are interruptions in the rhythm of the repeated movements. These two features help us distinguish movements that are small and slow due to PD from movements that are small and slow due to some other condition.

Finally, postural instability refers to difficulty maintaining balance. It is usually tested by the “pull test,” wherein we pull backwards on your shoulders and ask you to catch your balance by stepping backwards. The number of steps is the key here: anything more than two suggests postural instability.

By the end of the physical exam, we should be able to say whether or not you have “parkinsonism.” “Parkinsonism” is simply a descriptive term that encompasses the above signs and symptoms. In contrast, Parkinson’s disease is one specific cause of parkinsonism. It is the most common cause of parkinsonism, so most people with parkinsonism do have PD, but there can be other causes. To make a diagnosis of PD, we rely on other clinical features, such as how the symptoms started, how long they have been present, how they have changed over time, and how they have responded to treatments such as carbidopa/levodopa. The more of these supportive features there are, the more certain we can be about the diagnosis of Parkinson disease.

In contrast, there are some “red flags” that suggest the cause may NOT be PD. For example, if a person has parkinsonism combined with early and severe trouble controlling blood pressure or urina-

tion, that could suggest an atypical parkinsonian syndrome called Multiple System Atrophy (MSA). PD can cause problems in both blood pressure and urination, but usually not when it first starts. Severe trouble controlling eye movements may suggest Progressive Supranuclear Palsy (PSP). Early dementia and severe hallucinations could indicate Dementia with Lewy Bodies (DLB). In some cases, there may not be enough clues to make a specific diagnosis yet, and in that case we often are left with the non-specific label of “parkinsonism.” Many times, this will still

Accepting a diagnosis of PD is a process. It will take time and will likely mean asking many questions.

turn out to be PD, and other times, it may prove to be one of the atypical parkinsonian syndromes; we just can’t be certain yet.

For all the power of the history and physical examination, some situations do call for use of technology. If there are any atypical features to the signs or symptoms, an MRI can be used to rule out certain atypical causes of parkinsonism. It is important to note that an MRI cannot be used to diagnose PD because the MRI appears normal in PD; it is only used to rule out other conditions. Additionally, if the signs and symptoms are perfectly typical of PD, an MRI is not necessarily indicated.

The DaTScan has garnered much attention since its approval

by the FDA in 2011. This is a nuclear medicine scan that uses a radioactive molecule to look for degeneration in the brain indicative of certain parkinsonian syndromes. The molecule binds to dopamine transporters in the brain. In certain causes of parkinsonism, including PD, these transporters are diminished in number, which this scan can demonstrate. No doubt the DaTScan is a boon to diagnosis but it must be understood what it can and cannot do. It can only distinguish a brain with a normal number of dopamine transporters from a brain with fewer dopamine transporters. What this means clinically is that it can, for example, distinguish someone with Parkinson disease from someone with Essential Tremor, but it cannot reliably distinguish someone with PD from someone with MSA, or PSP, or DLB, for instance. Except in certain cases, if parkinsonism is apparent on exam, the DaTScan offers little additional benefit. That is why, despite this useful advance in diagnostic imaging, PD remains a clinical diagnosis.

In the end, accepting a diagnosis of PD is a process. It will take time and will likely mean asking many questions. Your neurologist should be able to answer your questions in a way that makes sense to you, and you should not hesitate to make an appointment if you have questions you wish to discuss. With this help, you can get through the difficult period around the diagnosis and get on with living your very full life. **P**

Dr. Daniel Burdick is a movement disorder neurologist at the Booth Gardner Parkinson’s Care Center in Kirkland, WA.

Communication & Cognition in Parkinson Disease

Heather Jeng, M.A., CCC-SLP

ABOUT 90% OF INDIVIDUALS WITH Parkinson disease (IWPD) experience impairments in communication. However, only about 3-4% of these individuals receive speech treatment. At the same time, 20-30% of IWPD have some degree of cognitive impairment at the time of their diagnosis. It is widely known that cognition (thinking) and mobility (walking) are positively correlated. That is, walking ability declines as various cognitive skills decline. But what about the interaction of cognition and communication? And what can be done about difficulty communicating, which is frustrating for both the person with PD and family and friends?

Communication

Communication is a dynamic and fast-paced activity. Planning and organizing thoughts into messages places demands on attention, executive functions, and memory. Executive functions are a set of cognitive processes that can be thought of as the “conductor of the orchestra.” For all of our actions including communication, the brain must set goals, plan how to carry them out, and modify performance in the moment based on feedback from the environment. The brain must also plan, program, and carry out commands for each tiny movement of the jaw, tongue, lips, vocal folds, etc., in order to speak.

Cognition

Cognition changes in normal aging. The brain begins shrinking in our 30s and for most of us, continues to shrink about 1% per year. The average person will experience declines in attention, processing speed, and memory as they age, but changes in thinking with normal aging are not cognitive impairment. We will, however, notice it takes us more time and effort to do tasks as we age. Cognitive changes become an impairment only when they:

- Interfere with the ability to function at work or usual activities
- Represent a true decline from previous level of functioning
- Are not explained by delirium or a psychiatric disorder

Depression & Cognition

Depression can have a negative effect on thinking. People who are depressed experience poor concentration, problem-solving, memory, and reduced reaction times. Depression is not a normal part of aging, though it is understandably common in PD. In fact, it is a part

of the disease process itself due to the deterioration of neurotransmitter systems associated with mood. Contrary to some belief, dopaminergic and anticholinergic drugs do not cause depression, but addressing depression can help maximize cognitive ability.



Cognition in PD & Everyday Functioning

Functioning refers to participation in life: enjoying hobbies, playing with grandchildren, doing all the things we either want or need to do. The good news is that function is not completely predicted by the number of medical problems a person has, or the specific impairments. So cognitive changes, even if they cross the line into “impairment,” are not the whole story. Strengths help compensate for weaknesses, and factors such as personality and a strong social network make a difference in function.

The cognitive domains affected in PD are: attention, executive function, visuospatial function, language, and memory. The first three tend to be affected the most. Deficits in these areas can affect the ability to carry out everyday tasks, such as walking and chatting with a friend at the same time, writing a phone message while talking to the caller, and keeping track

of appointments, errands, and planning one's day so that everything you intend to do gets done on time.

One of the best activities for cognitive function is exercise. Aerobic exercise training is associated with modest improvements in attention, processing speed, executive function, and memory. Recall that walking ability and cognitive ability are correlated. Fascinatingly, there is emerging evidence that training cognition improves mobility. There is currently exciting research in the physical therapy field looking at incorporating cognitive challenges into exercise to maximize improvements in both walking and thinking.

Cognition is Vital for Communication— Speech-Language Pathology Addresses Both

People familiar with PD know that speech being too soft is often a problem. Aside from volume, other speech problems include: speaking in a monotone, hoarse or harsh voice, speaking too quickly or too slowly, and difficulty producing all speech sounds clearly. All of these require the ability to monitor our own production, which is a cognitive skill that's affected by PD. Speech-focused therapy such as Lee Silverman Voice Treatment (LSVT) LOUD® and the Parkinson Voice Project are available to address these difficulties.

Just as difficulty with thinking can affect the ability to manage time, manage finances, and participate in our usual activities, cognitive impairments can muddy communication. Attention goes hand in hand with memory: if we can't focus well, we're likely not to remember things people have said to us and stay "on track" in conversation. Even if we were able to

focus, problems with memory itself can have the same frustrating result. Cognitive decline can also affect language separately from speech impairments. Speech is the ability to produce sounds while coordinating breathing to do so. Language is the ability to put thoughts into words, and understand what we hear or read. Common language problems in PD are: difficulty understanding long, complex sentences, understanding implied information, finding the right words when speaking, producing complex sentences, and getting thoughts out efficiently.

Speech-language pathologists are specifically trained to address speech/voice, language, and cognitive impairments that affect communication. (They additionally address swallowing disorders.) However mild or severe, speech therapy can provide rehabilitation, compensatory strategies, recommend adaptive equipment such as voice amplification, and train caregivers. Benefits may include: better conversational interactions, being better understood by others, having strategies to manage communication breakdown, and having a variety of options to aid communication in different environments. It is recommended that IWPDP who experience difficulty communicating discuss this with their physician and seek referral for speech-language assessment and therapy. **P**

For more information on speech and cognition, please see the American Parkinson Disease Association's "Speech and Swallowing" booklet or National Parkinson Foundation's guides to "Speech and Swallowing" and "Mind, Mood, and Memory."

RESEARCH CORNER

Are you interested in contributing to the Parkinson's community?

Research is one way both individuals with Parkinson's and their family members can make a difference by donating their time. The Pacific Northwest Udall Center (PANUC), located at the Seattle Veteran's Hospital and Harborview Medical Center, is dedicated to discovering new therapies and a cure for Parkinson's. PANUC leads several longitudinal clinical research studies that include both people with and without

Parkinson's (also called controls). In partnership with the Washington Parkinson Disease Registry, the Center continuously works to seek out motivated people who would like to join research studies centered around memory testing, and who are open to receiving a spinal tap. With the help and support of people invested in research, we can continue the search for the causes and treatments of Parkinson's disease.

If you are interested in joining the study above or hearing about other research opportunities, please contact the Washington Parkinson Disease Registry at (206) 277 - 6080 or www.registerparkinsons.org. If you are already a participant in PANUC, please contact the PANUC line directly at (206) 277 - 3956 to schedule your next study visit.

RECENT EVENTS

MAY WAS A BUSY MONTH for us! We held two successful fundraisers, the Magic of Hope Auction & Gala and the Adventure Race for Parkinson's, and had a great time at both!

Thank you to the more than 300 guests who joined us on May 9, 2015 for our **13th Annual Magic of Hope Auction & Gala**. With the help of our many donors, volunteers, sponsors, and attendees we exceeded our goal and raised over \$215,000 for Parkinson's care, support, and critical research here in Washington State.

We were so pleased to honor board member emeritus Suzanne Cameron at the event. Suzanne is a standout leader in the Seattle Parkinson's community who has worked tirelessly for over 15 years through volunteerism, fundraising, and sponsorship to better the lives of those living with Parkinson's. Countless community members credit Suzanne for connecting

them with the resources, support, and meaningful friendships required to live a full life with Parkinson's.

WE THEN SWITCHED GEARS ON May 30th and had a blast racing around the Seattle neighborhood of Ballard at the **2nd Annual Adventure Race for Parkinson's**. Nearly 200 people joined in the fun of this scavenger-hunt style race, raising over \$36,000 for Parkinson's research.

Thank you to the dedicated committees, volunteers, sponsors, and attendees that helped make both of these events a success. Visit our Facebook page to see photos from both events, plus our honoree video to Suzanne Cameron. We hope to see you next year!

Photographs by Phototainment, Garet Munger, and Mark Kristiansen

The 13th Annual Magic of Hope Auction and Gala



The 2nd Annual Adventure Race for Parkinson's



A special thanks to our event sponsors!



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The Seattle Foundation
United Way of Spokane County

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) 982-2359 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) 320-2084 suzanna@waparkinsons.org
BELLEVUE	General	Bellevue Family YMCA 14230 Bel-Red Rd.	1st Monday of the month at 2:45 pm	Allison Fine	(206) 226-1097 allison@waparkinsons.org
BELLINGHAM	General	Parkway Chateau 2818 Old Fairhaven Pkwy	2nd Monday of the month at 2:00 pm	Deb Ivancovich	(360) 724-3382 deb.ivancovich@gmail.com
BOTHELL	General	North Shore Senior Center 10201 E Riverside Dr.	3rd Tuesday of the month at 10:00 am	Joanne Blum, MS, LMHCA	(425) 488-4821 joanneb@seniorservices.org
BREMERTON	General	St. Paul's Episcopal Church (Oliver room) 700 Callahan Drive	1st Tuesday of the month at 1:30 pm	Jen Edwards	(360) 744-6220
CHEHALIS	General	Bethel Church 132 Kirkland Rd., Napavine, WA	2nd Thursday of the month at 1:00 pm	Ken Beckwith	(360) 520-4889 beckwithangels@aol.com
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 Aguayo	(425) 743-6029 agua549@frontier.com
ELLENSBURG	General	Rosewood Senior Park Club House	2nd Monday of the month at 1:00 pm	Delores Moerer	(509) 201-1074 wd40rose@charter.net
EVERETT	General	Providence Medical Center, Medical Office Building – Rainier Room 14th & Rockefeller	4th Saturday of the month at 2:00 pm	Helen Hopkins Terry & Kathy Martinson	(425) 327-3348 (360) 435-8049 kate5254@msn.com
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	Foundation House 32290 1st Ave S.	3rd Tuesday of the month at 1:30 pm	Gail Allen	(253) 252-2258
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@harbornet.com
GIG HARBOR	Caregiver	St. Anthony's Hospital 11567 Canterwood Blvd. NW	*contact facilitator for date/time info*	Vernetta "Joy" McCraw	(253) 265-3897 vjmcraw@hotmail.com
GIG HARBOR	General/ Exercise	Harbor Place at Cottesmore (Dining Room), 1016 29th St NW	4th Thursday of the month at 11:30 am	Glenn Anderson	(253) 853-8466 glennplaysguitar@yahoo.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
IDAHO	General	Good Samaritan Village Moscow, ID	Last Wednesday of the month at 2:00 pm	Phyllis Vettrus	(208) 882-5770 dpvet@turbonet.com
ISSAQUAH	General	Our Savior Lutheran Church 745 Front St. S	2nd Monday of the month at 1:30 pm	Allison Fine	(206) 226-1097 allison@waparkinsons.org
KIRKLAND	Caregiver	Evergreen Health room TAN-134 12040 NE 128th St	2nd & 4th Tuesday of the month at 1:00 pm	Maria Cole, MSW	(425) 899-5383 mariac@nwfp.org
KIRKLAND	Men's	Evergreen Medical Center, De Young Pavilion, Rainier Room 12040 NE 128th St	2nd Tuesday of the month at 3:00 pm	Ross Webb and Bob Johnson	(425) 825-7564 or (425) 821-9807 webbslrd@msn.com or bobcarolejohnson@frontier.com
LONGVIEW	General	Canterbury Inn/Chateau Dining Room 1324 3rd Ave	3rd Wednesday of the month at 1:45 pm	Barbara Sudar	bnbsudar@msn.com

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
LOPEZ ISLAND	General	The Gathering Place 229 Village Rd	4th Wednesday of the month at 1:00 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	Karen Anderson	kanderson@lcsnw.org
MERCER ISLAND	General	Mercer Island Community Center	1st Tuesday of the month at 2:00 pm	Debbie Hanson, PT	thehansonfive@hotmail.com
MOSES LAKE	General	Samaritan Healthcare Hosp., Masto Health Library rm 402, 801 E Wheeler Rd	2nd Monday of the month at 3:00 pm	Sandee Estoos	(509) 765-6283
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	Olympia Senior Center 222 Columbia Street NW	Every Wednesday at 11:00 am *membership required*	Joyce Beckwith	(360) 586-6181 admintemp@southsoundseniors.org
OLYMPIA	Exercise	Lacey Senior Center 6757 Pacific Ave SE, Olympia	Every Tuesday at 11:15 am	Joyce Beckwith	(360) 586-6181
PORT ANGELES	General	Port Angeles Senior Center 328 E. 7th Street (On the SW corner of 7th & Peabody)	4th Wednesday of the month at 10:30 am	Darlene Jones	(360) 457-5352 djones@olyphen.com
PORT ANGELES	General/ Dance	Sons of Norway, 131 West 5th St.	3rd Saturday of the month	Darlene Jones	(460) 457-5352 djones@olyphen.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	Exercise	Poulsbo Athletic Club 19611 7th Avenue NE	Wednesdays at 1:00 pm	Rosy Bennett	(360) 598-4854 tomandrosy@hotmail.com
PUYALLUP	General	Life Care Center of Puyallup 511 10th Ave SE	3rd Thursday of the month at 11:45 am	Daisha Nguyen	(253) 845-7566 Daisha_Nguyen@lcca.com
PUYALLUP	Caregiver	Life Care Center of Puyallup 511 10th Ave SE	1st Thursday of the month at 11:00 am	Daisha Nguyen	(253) 845-7566 Daisha_Nguyen@lcca.com
REDMOND	General	Emerald Heights 10901 176th Cir NE	3rd Thursday of the month at 1:00 pm	John Waltner	(425) 556-8140 johnw@emeraldheights.com
RICHLAND	General	Kadlec Neurological Resource Center 1268 Lee Blvd	3rd Monday of the month at 1:30 pm		(509) 943-8455
SEATTLE	Young Onset	Greenwood Senior Center 525 North 85th Street	2nd Tuesday of the month at 7:00 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
SEATTLE	Caregivers of Veterans	Seattle VA Medical Ctr, 1660 S. Columbian Way, Rm 1D-146gg (near the West Clinic)	Every Monday at 1:00 pm	Kris Fredrickson	(206) 764-2188 kris.fredrickson@va.gov
SEATTLE	Caregiver	Greenwood Senior Center 525 North 85th Street	2nd Tuesday of the month at 1:00 pm	Carin Mack	(206) 230-0166 carin@waparkinsons.org
SEATTLE	General	Horizon House 900 University Street	4th Monday of the month at 1:30 pm	Carin Mack	(206) 230-0166 carin@waparkinsons.org
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 carin@waparkinsons.org
SEATTLE	General	University House Wallingford 1st Fl, 4400 Stone Way N	2nd Monday of the month at 3:00 pm	Ann DeMaris Davids	(206) 545-8400 Demaris.Davids@eraliving.com
SEATTLE	General	The Hearthstone 6720 East Green Lake Way N	2nd Tuesday of the month at 2:00 pm	Erika Campbell	(206) 774-5173 hssocialservice@hearthstone.org
SEATTLE	General	Swedish Neuroscience Institute 550 17th Avenue, The Casey Room	4th Monday of the month, 4:30 - 6:00 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
SEATTLE (WEST)	General	Providence Mt. St. Vincent 4831 35th Ave SW	1st Tuesday of the month at 2:30 pm	Suzanna Eller	(206) 320-2084 suzanna@waparkinsons.org
SEATTLE (WEST)	General	Arrowhead Gardens 9200 2nd Ave SW	3rd Thursday of the month at 10:00 am	Dagmar Cronn	cronn@oakland.edu (206) 327-1828
SHELTON	General	Alpine Way Assisted Living 900 W Alpine Way	2nd Tuesday of the month at 12:30 pm	Rebecca McGavick	(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

CITY/REGION	FOCUS	MEETING SITE	TIME	LEADER	CONTACT INFO
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	Joeseppi's Restaurant 2207 N Pearl St.	Last Wednesday of the month at 6:00 pm	Sharon Cagle	smcagle47@gmail.com
VANCOUVER	General	The Quarry Senior Living Marble Room (2nd Floor) 415 SE 177th Ave	2nd Wednesday of the month at 10:00 am	Cathy Lauder	360-944-6000 clauder@thequarryliving.net
VANCOUVER	General	Touchmark at Fairway Village 2911 SE Village Loop	1st Wednesday of the month at 1:00 pm	Kim Lehmann	(360) 433-6400 office/ (360) 609-4045
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
VANCOUVER	Women's Chat 'n' Chew	*contact group for location information*	4th Wednesday of the month at 2:15 pm	Kim Lehmann	(360) 433-6400
VANCOUVER	Men's Breakfast Meeting	*contact group for location information*	3rd Friday of the month at 9:00 am	Kim Lehmann	(360) 433-6400
VASHON	General	Vashon Lutheran Church Fellowship Hall, 18623 Vashon Hwy SW	1st Friday of every month	Steve Steffens	(206) 463-2655 steve_steffens@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	Debbie Lynch-Christian	(509) 529-3234
WASHINGTON PENINSULA	General	Ocean Park Lutheran Church 24002 U St., Ocean Park, WA 98640	4th Friday of the month at 1:30 pm	Roy & Patti Pellerin	(360) 665-3284 prfpa09@centurytel.net
WENATCHEE	General	Sleep Center 1000 N Miller	3rd Tuesday of the month at 3:00 pm	Janet Bibby Pat Taylor	(509) 470-6416 pktaylor2@gmail.com
WENATCHEE (EAST)	Caregiver	Meadow Ridge Park Senior Living 1630 9th St	2nd Wednesday of the Month at 11:00 am	LaVerna Armintrout	(509) 884-6833 fishwife410@gmail.com
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
YAKIMA	General	Yakima Covenant Church 6015 Summitview Ave	2nd Thursday of the month at 2:00 pm	Kathy Kidd	(509) 865-4869 kids@msn.com



Why I give to Washington APDA

"I support APDA because I want to live in a PD free world. We can find a cure for Parkinson's, and we will soon. We cured polio and we can beat this too. I believe we can bend time—that we can find a cure sooner by supporting research. Like all great breakthroughs, it won't be because of any single person, it will be because of all of us, working together."

—Jennifer Adams

What we get from Washington APDA

"You don't have to know someone to be a friend' That's what happened to us at an APDA educational program we attended at Virginia Mason. We left feeling we had many new and compassionate friends. We had been diagnosed with PD one month before the program, and it was like a crash course on what Parkinson's disease is for newcomers."

—Joeve and Peter Wilkinson





Please join us for our first annual
Optimism Retreat!

Breakout	Activity Choice (Please choose one activity per breakout.)						
1 11:30 – 12:10	Tai Chi & Qigong	Intimacy & Sexuality	Music & Drumming	Caregiver Support	Yoga for PD	Rock Steady Boxing	Dance for PD
2 1:20 – 2:00	Tai Chi & Qigong	Intimacy & Sexuality	Music & Drumming	Young PD Support	Yoga for PD	Rock Steady Boxing	Nature Walk with Optional Photography
3 2:10 – 2:50	Tai Chi & Qigong	Intimacy & Sexuality	Music & Drumming	Family Focus	Yoga for PD	Rock Steady Boxing	Mindfulness Meditation

A one day conference focusing on movement and well-being for people with Parkinson’s disease, their families, and care partners

Explore various activities specifically developed for people with PD such as yoga, Tai Chi, and boxing. Strengthen your relationships through our intimacy workshops and professionally led support circles. Discover the power of music and meditation, or enjoy a nature walk while sharpening your photography skills. Learn about nutrition and supplements while enjoying a catered lunch prepared under the dietary recommendations of Dr. Laurie Mischley, a world renowned naturopath and author of “Natural Therapies for Parkinson’s Disease.”

Options for kids are available throughout the day, so bring the whole family!

Enjoy the Optimism Retreat while your children engage in professionally led and meaningful play. At the end of the day, reunite with your family in our “Family Focus” session during the third breakout option.

Sunday August 23, 2015, 11:00–3:00

Mercer Island Community & Event Center, 8236 SE 24th St., Mercer Island, WA 98040

For more information about breakout selections please visit our website at www.waparkinsons.org or contact us: Phone: (206) 695-2905 Ext. 1 | Email: coordinator@waparkinsons.org

To register, please fill out and return the form below, or visit our website at www.waparkinsons.org

<p>Attendee 1: _____</p> <p>Attendee 2: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Email Address (optional): _____</p> <p>Child Attendee(s) Name Age Dietary Restrictions?</p> <p>Child 1 _____</p> <p>Child 2 _____</p>	<p>Attendee 1 Breakout Selections</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Dietary restrictions? _____</p> <p>Attendee 2 Breakout Selections</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Dietary restrictions? _____</p>
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To pay by check, mail this registration form with a check made payable to:
Washington APDA, 150 Nickerson Street, Suite 100, Seattle, WA 98109

MARK *your* CALENDARS!

Education

Thursday, July 9 Take Control: For people in later stages of Parkinson's

Know your options, and let us help put you in the driver's seat! Complementing our Good Start program for people newly diagnosed, our new Take Control program is specifically designed for people who are in later stages of Parkinson's and their care partners. Topics covered will include issues related to living with later stages of Parkinson's and what you can do to better plan for your future!

Thursday July 9, 2015, 1:00 pm – 3:30 pm
Phinney Center, Room 7
6532 Phinney Ave N., Seattle, WA 98103

Wednesday, August 5 Good Start: For people newly diagnosed with Parkinson's

Our Good Start program is designed specifically for those who have been newly diagnosed with Parkinson's. In this intimate program we partner with local Parkinson's specialists to answer your questions, address concerns and fears, and connect you to local services.

Wednesday August 5. 6:00 – 8:00 pm

**Registration for this program is limited and restricted to those diagnosed with PD in the last two years. Please give us a call to find out if it is a good fit for you.

Sunday, August 23 Optimism Retreat: A one day conference focusing on movement and well-being.

Explore various activities specifically developed for people with PD such as yoga, Tai Ji, and dance. Strengthen your relationships through our intimacy workshops and professionally led support circles. Discover the power of music and meditation, or enjoy a nature walk while sharpening your photography skills. Learn about nutrition and supplements while enjoying a catered lunch prepared under the dietary recommendations of Dr. Laurie Mischley, a world renowned naturopath and author of "Natural Therapies for Parkinson's Disease."

Sunday August 23, 2015, 11:00 am – 3:00 pm
Mercer Island Community & Event Center
8236 SE 24th St., Mercer Island, WA 98040

To register for these and other programs, please contact us:
Phone: **(206) 695-2905 Ext. 1** | Email: **coordinator@waparkinsons.org**
Website: **www.waparkinsons.org**



Washington APDA
150 Nickerson St, Suite 100
Seattle, WA 98109

SUBSCRIBE TO OUR NEWSLETTER!

Sign up for our newsletter by visiting our website www.waparkinsons.org or emailing coordinator@waparkinsons.org

YES! I want to help “**ease the burden, and find the cure**” for Parkinson’s Disease.

ENCLOSED IS MY TAX-DEDUCTIBLE GIFT OF: (CHECK BOXES)

- \$25 \$50 \$100 \$250 \$500 \$1000 Other amount
- My employer will match my gift
- Please send me information on wills and how a bequest can support WA APDA.
- I’m interested in learning more about Parkinson’s Disease.
Please send me information.

This gift is given in honor of/in memory of

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WASHINGTON APDA

Send checks to us at
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SEATTLE, WA 98109**

To donate by credit/debit card, please visit our website
WWW.WAPARKINSONS.ORG
or call **425.243.2732**

The Washington State Chapter of the American Parkinson Disease Association is a non-profit 501(c)3 organization. Our tax ID number is 13-1962771.

Thank you for your generosity!