



American Parkinson Disease Association

Parkinson Pathfinder

THE NEWSLETTER OF THE AMERICAN PARKINSON DISEASE ASSOCIATION
INFORMATION AND REFERRAL CENTER OF WASHINGTON

Spring 2008

Wellness

The intended audience for this article is the Young Onset Parkinson population. However, the suggestions are adaptable for anyone living with Parkinson disease. The Information and Referral Center thanks the APDA National Young Onset Center for graciously allowing a reprint of this article. For more information see <http://www.youngparkinsons.org> or call 877.223.3801

By Julie Sacks, MSW, LCSW, Director, APDA National Young Onset Center

What exactly is “wellness?” It’s something we hear about all the time, there are “wellness centers,” healthcare professionals who focus on “wellness”, there’s even a “Wellness” dog food, a line of natural food and treats for your pets.

The National Wellness Association defines wellness as “an active process of becoming aware of and making choices toward a more successful existence.” It is important to keep in mind that wellness is not something that is achieved in one fell swoop. It involves a series of healthy actions and choices over time, and every person defines success a bit differently. For some, it might be running that marathon, while others might feel successful by simply staying active, whether that means going to the gym, attending yoga classes, even walking around the block.

The wellness concept is a holistic one and involves much more than being physically fit. Wellness generally includes six aspects or dimensions of one’s life: Physical, Intellectual, Occupational, Emotional, Social, and Spiritual.

Physical

Physical wellness involves cardiovascular and muscular strength and endurance as well as flexibility, and any activities that promote that kind of physical well-being are worthy of consideration. Components of physical wellness typically include good nutrition and exercise. Because some of the cardinal signs and symptoms of PD involve constricted or slow physical movement, reduced flexibility, and poor balance, most individuals will experience some degree of physical limitation. However, compromises in physical health can be minimized to some extent if the person with Parkinson’s is committed to eating right and staying active. Scientists are learning more every day about the ways in which our physical health is tied to our lifestyle. For people with PD, that connection often becomes even more apparent and deserving of attention.

You can improve your strength and endurance, sometimes without even realizing it, by making very small incremental changes in your activity level over time.

Intellectual

Intellectual wellness refers to creative and stimulating mental activity. An intellectually well person takes advantage of any/all available

resources to expand their knowledge and skills. We are, by nature, inquisitive and it is our problem solving, creative thinking, and learning capacity that allows us to face new or unexpected challenges. It is not uncommon for younger people with PD to describe a kind of slowness of thought. This sense of decline in mental acuity may present as a decreased ability to multi-task or complete tasks as quickly as you did in the past. These changes in mental functioning are not necessarily cause for alarm. In fact, issues of dementia related to PD tends to occur less often in younger people. So don’t rush yourself—it’s not how fast you are that is most important, it’s keeping your mind healthy and active.

Depression can mimic dementia by causing similar symptoms. For this reason, it is important to discuss any memory difficulties with your physician.

Occupational

We are considered to have occupational wellness when we are able to find personal satisfaction through our work and, at the same time, maintain a healthy work/life balance. This definition basically refers to your ability to handle the stress that you are dealt every day at work. For the young person with PD, employment-related stress can be particularly high. In addition to your regular roles and responsibilities, you may have co-workers and/or supervisors who do not know you have PD, and hiding it may become increasingly difficult and stressful. Try to remain open to new possibilities such as changing your schedule, your work environment, even your job. Remember, work is not necessarily something for which you are paid. In fact, many people come to find their volunteer efforts are the most meaningful and important work they do.

Laugh out loud! Find a way to laugh with others—co-workers, your spouse, your kids...It’s a great stress-buster and will give your smile and voice a work-out.

Emotional

Emotional wellness means the acceptance and expression of a range of emotions. Maintaining a positive attitude and a strong self-image are generally considered to be key components of emotional well-being. While it’s easy to feel centered and secure when life is going smoothly, how are we to remain emotionally well in the face of serious circumstances such as chronic illness? How do you make the kinds of changes and adaptations that may be required of you without losing the essence of who you were pre-diagnosis? Most of the time, emotional wellness is a precarious balancing act, a continuum in which you are continually shifting from a sense of despair and pessimism at times to a more hopeful and optimistic perspective at others. If you find that you are feeling stuck in one particular view of yourself or others, it is important that you find someone with whom you can talk openly and honestly.

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APDA Information and Referral Center

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1660 S. Columbian Way
Seattle, WA 98108
Phone: 206.277.5516
Fax: 206.277.4342
Hours: M-F 10am-3pm
apda@u.washington.edu

For information packets, literature, or other Parkinson related issues, please contact the Information and Referral Center at the above address or visit our website at www.waparkinsons.org

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President's Report

Our big auction dinner, The Magic of Hope, coming up May 17th, is just around the corner. Evie Davis and Suzanne Cameron are hard at work procuring great auction items and soliciting generous sponsors. At this moment, it looks like corporate sponsors' contributions will cover the cost of putting on the auction. May 17th promises to be a big evening.

We are indeed grateful to Jo-Anne and Mike Shanahan for recruiting their son, Patrick, to be this year's Honorary Chair of the Auction. As we all know from reading the newspapers, both local and national, and Evie's Executive Director's Report, Patrick is the Boeing General Manager in charge of the 787 program—a huge and hugely time consuming job. We greatly appreciate his participation and Mike and Jo-Anne's powers of persuasion.

The PD Registry under Marne Baca, Erica Martinez and Dr. Cyrus Zabetian continues to grow. Currently, 260 volunteers have been screened, of which 222 are fully enrolled in the registry. This program was started ten months ago. That's real progress!

Marne is also busy preparing for the Hope Conference November 1st. On February 4th she convened the first meeting of the Education Committee which discussed possible keynote speakers—who they should be (prominent) and what kinds of topics we would like covered (timely). We will be hearing more about progress being made on these fronts in the weeks and months ahead.

The I&R Coordinator (Marne) continues to develop her support group programs in Bellingham, Redmond, Oak Harbor and other outlying communities.

I would also like to add my welcome to new board members Brenda Myers, Joanne Gates, Tony and Charlene White and Sierra Farris. I am pleased to have you on the board and I look forward to working with you.

I look forward to seeing everyone on May 17th.

Dick Dunn, President, Washington Chapter

Executive Directors Message

Well spring is well on its way and we have had a very good winter – First of all I would like to welcome our new Board Members, Brenda Myers, Joanne Gates, Tony & Charlene White and Sierra Farris – we are delighted that you are on our Board, and look forward to working with everyone. Our next big Event is our Auction Dinner on May 17th, please see the Invite in this month's Pathfinder, and if you have any questions, please feel free to contact me. We are delighted that Patrick Shanahan General Manager Boeing 787 has accepted our invitation to be our Honorary Chair for the evening, and our target is \$100,000, and we would like to thank our Sponsors, Costco, Boeing, The Commerce Bank, Medtronic, A&A Printing, Cameron Catering, and Ikea for their support of this event. The National Executive Director, Joel Gerstel will also be making the trip from New York to attend the Event.

We are also indebted to Teva Neuroscience for Sponsoring our Educational Programs, the first one was held on February 26th at Virginia Mason, and we had 100 attend. The next one will be on April 30th at the Lynnwood Convention Center, again the Program is listed in this addition of Pathfinder.

We will also be holding a Planned Giving Seminar on September 10th, and we will update you in our next edition of Pathfinder.

Again, please remember your donation envelopes, every penny helps us in our Mission of Easing the Burden while Seeking a Cure

Evie Davis, Executive Director, Washington State Chapter

Wellness continued from page 1

Acceptance is not the same as giving up. It is learning to manage the realities of life, and it is one of the most important things you can do to reduce stress and maintain emotional well-being.

Social

Social wellness means being aware of, participating in, and feeling connected to your community. It involves a belief that the contributions we make to society will not only make our own lives more meaningful but will leave a legacy of purpose and commitment to those who follow us. The social dimension of wellness emphasizes our inter-dependence with others and the world as a whole.

Having PD (or knowing someone who does) and using what you've learned from that experience to advocate for change is one way of embracing the concept of social wellness.

Spiritual

Many factors play a role in spiritual wellness including religious faith, beliefs, values, ethics, principles, and morals. Spiritual well-being takes many forms; it is deeply personal and tends to mean something different to each person. Spiritual wellness often involves an exploration of questions like, "Who am I and why do I exist?" and "What is the meaning or purpose of my life?" When you or someone you love face must deal with a chronic illness, questions such as, "Why me?" can take precedence and can shake your sense of spiritual wellness. The challenge is to continue to allow your actions to be guided by your beliefs and values and to appreciate life even when you do not fully understand what is happening or why.

Expand your definition of spirituality. Experience the power of meditation, music, dance, art, or reading to foster a sense of peace and affirm your connection to yourself and others.

Notes from the Information and Referral Center

Hello everyone! During the past few months, I've been fortunate enough to spend time at support groups throughout Western Washington and get to know some of you a bit better. The number of new groups (Oak Harbor, Lakewood, Anacortes, Gig Harbor and Puyallup Young Onset) that have formed is very encouraging. I would like to thank the support group leaders who have so generously given of their time and energy to get these new groups up and running: Carolyn Hansen, Doris Gilmore-Sherwood, Jerry Ramsey, Doug Manuel and Jeff Magin.

Each week I hear from people who wish there were a group closer to their home. Although we currently have close to 50 support groups in the state of Washington, more are needed. Specifically, we would like to reinstate groups in both the Wenatchee and the Mt. Vernon/Burlington area. If you live in either area and are interested in helping to get a support group started, I can help. Please contact me (see page 2 for details) and let's keep the momentum going!

A few tidbits before I sign off: April is Parkinson Disease Awareness month. Please see the spring events calendar and celebrate by attending one of the many events that are happening, like the free Patient Education Program in Lynnwood on April 30th. Space is limited and you must RSVP before attending. Contact Evie Davis at 425.443.8269. Also this spring, check listings on PBS for an upcoming FRONTLINE documentary on Parkinson Disease, produced by Dave Iverson who was diagnosed in 2002. Dave is maintaining a blog about the show at <http://www.pbs.org/wgbh/pages/frontline/parkinsons/> And speaking of blogs, Peter Dunlop-Shohl, support group leader from Anchorage Alaska, has a poignant, funny and creative blog on his experiences with PD. See <http://offandonakpdrag.blogspot.com/>

By Marne Baca, Coordinator, Information and Referral Center.

Spring Calendar of Events

Date/Time	Event	Contact
March 25 11:15 am	Ali Samii, MD on <i>Medical Treatment for Parkinson Disease</i> At the Shoreline Support Group, Lake Forest Park Senior Center	Scott Theisen 206-268-6761
April 1 2:00 pm	Lucy Baker: <i>Benefits of Massage for PD</i> at Mercer Island Support Group	Carin Mack, MSW 206.230.0166
April 15 1:30pm	Ali Samii, MD " <i>Medical & Surgical Treatments for PD</i> ", Mike Kim, MD an " <i>Update on the Washington Parkinson Disease Registry</i> "— At the Seattle VA Medical Center	Marne Baca 206.277.5516
April 19 12:00pm	<i>An Hour to Empower:</i> Fun Run/Walk/ "Wheeling" in Puyallup at Sparks Stadium – Fundraiser for the APDA	Jeff Magin 253.445.7399
April 30 11:00pm	<i>Patient Educational Program</i> at Lynnwood Convention Center With Susie Ro, MD " <i>Non-Motor Manifestations of PD</i> ", Stephen Setter, PharmD " <i>Your PD medications, 10 things to know and do</i> " Ann Zylstra, PT " <i>Exercise can help, but only if you do it!</i> "	Free, but must RSVP due to limited event seating Evie Davis 425.443.8269
May 6 7:00pm	<i>Estate Planning</i> , Glen Price, Esq. Bellevue Young Onset Support Group	Carin Mack, MSW 206.230.0166
May 7 2:00pm	Susan Lakey, UW School of Pharmacy: <i>Medications and PD</i> At Mercer Island Support Group	Carin Mack, MSW 206.230.0166
May 16 9:00am	<i>2nd Annual Deep Brain Stimulation Patient Forum</i> Swedish Medical Center, Cherry Hill Education and Conference Center	Peggy Shortt, ARNP 206-320-2847
May 17 6:00pm	<i>The Magic of Hope</i> APDA Washington Chapter Auction and Dinner	Evie Davis 425.443.8269
June 2	<i>Challenges in Caregiving: Giving Care, Taking Care</i> <i>Conference for Caretakers</i> , at Tukwila Community Center	Lynne Korte 206.323.2927

Improving the lives of everyone he meets:

By Ann Zylstra PT

Leo Werlech is a truly inspiring individual. I have been honored to know Leo since he first came to the Booth Gardner Parkinson's Care Center in 2002.

Leo was born and raised in Seattle where he and his wife raised their 3 children. Though "retired" and 77 years old, Leo volunteers 7 days a week providing meals for the homeless. He is the Executive Director of Our Lady of Mt. Carmel Center (OLMC) and has been for the last 24 years. He has tried to not let Parkinson's disease interfere with his work at OLMC but admits it has slowed him down a bit.

Every morning he gets up at 5 am to attend church and then goes to OLMC to begin preparation of the food. The doors open at 6:30 offering coffee, pastry, and socialization, often with news or inspirational programs on the television. He states "the homeless people feed the homeless" by helping prepare and serve the food between 9 and 11 each day. The meals they offer are typically hot, offering soup and sandwiches, fruit and or salads. They serve between 125- 150 meals per day, 6 days a week, leaving 1 day for cleaning and maintenance. In addition to food they offer substance for the soul with open chapel mass offered every Thursday at 1 pm.

As I watch Leo with all of his wonderful deeds, it reminds me that having Parkinson's disease does not define who you are! Hopefully a lesson can be learned from Leo that it is important to continue to pursue things that have meaning in your life even if it may take longer or need to be done a little differently than it did years ago!

For more information about Our Lady of Mt. Carmel Center, the phone number is: (206) 325- 0871.

All donations are for non-profit and are tax deductible.



The "Magic of Hope"
begins with you!!!

Help us raise
\$100,000

The Washington State Chapter
of the American Parkinson Disease Association

Cordially invites you to our
6th annual Auction Dinner

Six o'clock pm Saturday, May 17th, 2008

South Lake Union, Naval Reserve Center
860 Terry Avenue North, Seattle, WA 98109

Champagne Preview 6-6:30pm ~ Cocktail Attire

View Live Auction items at: www.waparkinsons.org

Questions: Evie - 425-443-8269

I/We plan to attend on Saturday, May 17th, 2008

- Please reserve _____ seat(s) at \$65.00 each
- Please reserve _____ table(s) at \$480.00 each (each table seats 8)

Enclosed is my check for \$ _____
(make check payable to Washington Chapter APDA)

Please bill my credit card for \$ _____
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Card # _____ Expiration date _____

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Dinner Choices:

Pan Seared Duck Breast with Red Onion & Rhubarb Jam or Roasted Halibut encrusted with Fennel Seed & Citrus
~Vegetarian menu available also~

Please list names of attendees & dinner selection below:

				Dinner Choice		
				Duck/Halibut/Veg		
Attendee 1	_____	_____	_____	_____	_____	_____
	name	address	phone	email		
Attendee 2	_____	_____	_____	_____	_____	_____
	name	address	phone	email		
Attendee 3	_____	_____	_____	_____	_____	_____
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Attendee 6	_____	_____	_____	_____	_____	_____
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- Please sign me up for express checkout
- I am unable to attend. Please accept my donation of \$ _____
- I have a donation for the auction, please contact me

RSVP by May 9th, 2008 – no tickets sold at the door

Tips for Designing Livable Spaces with Aging Americans In-Mind

By Eric Rovner, Benevia Co-Founder

The fastest growing segment of the U.S. population is age 65 and older, which numbered 37.3 million or one in every eight Americans in 2006; and is expected to reach 71.5 million or 20 percent of the population by 2030 (Association on Aging, Jan. 2008). The boomer population's longevity, buying power and preference to age-in-place at home are creating a growing demand for living spaces that support the aging process.

Along with the increased demand comes a need to consider designing and building to serve aging Americans. The aging population is likely to require a home environment with the potential to receive in-home care, a single-level floor plan, ramps or elevators to move between levels, and the structure to support proper assistance devices, such as grab bars, ramps and handrails on both sides of all stairways.

Several tips for designing and building a safe, sound and secure living space follow.

The following suggestions apply to the whole living environment:

- Brightly-lit interior and exterior halls, and spaces reduce the chance of tripping. Ceiling lights, floor lamps, ground lighting, and light-activated night lights can achieve proper lighting.
- Uncluttered hallways and living spaces enhance accessibility and safety. Electrical cords, carpeting, appliances, and furnishings should be secured, and directed out of walkways so as to not causing a stumbling hazard.
- An accessible central desk area or space keeps medical paper work and tracking medications organized and easily accessible when home care services are utilized.
- Anti-scalding devices installed on fixtures throughout the living space help prevent accidental burns.
- Proper flooring is critical. Consider the installation of flooring (i.e. carpet with short, dense pile) that reduces slipping risk and allows for mobility with an assistive device.
- Countertops and vanities with rounded edges and corners can lessen the level of injuries if a fall occurs.
- Lever-style door handles are easier to use with arthritic joints.

Exterior:

- Create a low-maintenance building exterior and landscape, which requires less physical labor and financial resources.

Entry, living areas and pathways:

- Aim for a low or no-threshold entrance with an overhang to avoid step-up tripping accidents.

- Minimize the change in levels on the main floor, especially single steps.
- Consider where home owners will reside and spend most of their time today and tomorrow given the size and number of floors. Plan for getting up and down stairs if required.

Kitchen and laundry room:

- Under-cabinet lighting illuminates countertops and prevents eyestrain.
- Shelving and cabinet drawers that can be pulled out, will support heavy pots, pans and kitchen equipment versus having folks strain to search for and carry such items.
- Elevated dishwashers, washing machines and dryers lessen bending, back strain and shifts in balance.
- A main floor laundry room reduces the need to move up and down stairs.
- Consider 36" tall countertops to ease back strain and promote easier access.

Bathrooms:

- Install proper assistance devices, such as grab bars, bath and shower chairs and handrails.
- Faucets that sense motion require motion-sensing faucets are ideal for those with arthritis.
- Consider an 18" toilet height for ease of use.

Bedrooms:

- Locate the master bedroom and bath on the first floor to minimize stair climbing.
- Have clients consider whether they may, at some point, need to set up guest or home care provider room.

Stairways:

- Extend handrails on both sides of stairways and at top and bottom steps, one foot beyond the last step.
- Mark the first and last steps with contrasting colors and keep the stair rise at 7 inches and tread at least 11 inches.

Taking the time to understand your client's specific health needs -- wheelchairs, arthritis, hearing and vision loss, as well as Alzheimer's, dementia, loss of balance and other conditions, will result in a design and build plan that respectfully reflects their desire to age-in-place.

Eric G. Rovner is a co-founder of Seattle-based Benevia (www.benevia.com), 1-888-BENEVIA (236-3842). Formed in 2003, Benevia is a free, one-stop consumer service dedicated to coordinating relocations, care needs and professional services for older adults, their families and caregivers. Benevia's service is free to consumers because the company is compensated by its hand-selected network of Screened Service Providers for the privilege of assisting Benevia's valued clients. Benevia is a member of the National Association of Senior Move Managers (NASMM)

Adam O. Hebb, MD joins Movement Disorders Program at UW

Adam O. Hebb, MD, FRCS, Assistant Professor, University of Washington Neurological Surgery

The University of Washington has a long-standing interest in the surgical treatment of movement disorders, including pallidotomy, thalamotomy, Deep Brain Stimulation (DBS) and radiosurgery. Patients are evaluated by a multidisciplinary team consisting of neurology, neurosurgery, neuropsychology, and rehabilitation medicine to determine if a surgical procedure is appropriate for the treatment of their movement disorder. Dr. Hebb has taken on a leading role in providing clinical expertise in DBS in our Movement Disorders Program.

Dr. Adam Hebb joined the University of Washington Department of Neurological Surgery in 2007. He is board certified by the Royal College of Physicians and Surgeons of Canada, and board eligible for the American Board of Neurological Surgeons. Dr. Hebb received his MD in 2000 from Dalhousie University School of Medicine in Halifax, Nova Scotia. Following graduation, he completed a General Surgery internship and Neurosurgery residency at the University of Minnesota in Minneapolis, Minnesota and in 2006-2007 completed a Neuro-oncology and Epilepsy Fellowship at the University of Washington. This was supported by the William Gowers Clinical Research Fellowship from the Epilepsy Foundation of America. As a result of advanced training at the UW, Dr. Hebb is completely familiar with the advanced patient care systems and innovative practice opportunities available through the University of Washington Medical Center and Harborview Medical Center system. He specializes in Deep Brain Stimulation and other surgical treatments of movement disorders, epilepsy and pain.

Dr. Hebb's current research area involves neural correlates of cognition in patients with Epilepsy and Parkinson's Disease. In addition to the William Gowers Clinical Research Fellowship, he has received several other awards and fellowships including the Zhao Zi-Zhen Neurosurgery Resident Award, University of Minnesota Department of Neurosurgery, for clinical and operative skill, research excellence, and humanism as a physician and surgeon. In 1999 and 2000 he was awarded American Parkinson's Disease Foundation sponsored Travel Fellowships for the American Society of Neural Transplantation and Repair conference for his work in techniques for neuron preservation for transplantation for Parkinson's Disease.

Dr. Hebb is actively engaged in scientific research and publication and has published several peer-reviewed articles in journals such as Neurosurgery, Journal of Neurosurgery and the Journal of Neuroscience Methods. He maintains active memberships in the American Association of Neurological Surgeons, the Congress of Neurological Surgeons, and the AANS/CNS Sections on Stereotactic and Functional Surgery and Tumors.

For more information about Deep Brain Stimulation surgery and the Movement Disorders Program at the University of Washington, contact Dr. Hebb at Adam.Hebb@UWneuro.org or (206) 598-7688.

Thank you for your Greatly Appreciated Donations!

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Physical Therapy: It's not just for Gait and Balance Issues

By Myndee Butler PT, Amy Ross PT and Ann Zylstra PT

Did you know that at Evergreen Hospital there are physical therapists specially trained to help with bladder or bowel dysfunction? In Parkinson's disease an area of the brain called the basal ganglia is affected. This area of the brain is important in coordination of movement, causing symptoms such as slowness, rigidity, and tremors, which may lead to difficulty getting to the bathroom. This faulty brain pathway not only impairs the coordination of limbs affecting walking, but can also affect the signals from the brain to the bladder or bowels. At some stage of the disease progression, a person with Parkinson's may experience problems with their bladder or bowels. These problems affect a person's quality of life to a great degree. The two main problems with the bladder include over activity and difficulty emptying. The person may complain of having to frequently void, a feeling of urgency, frequent infections, and uncontrollable leakage (urge incontinence). Another common complaint of people with Parkinson's disease is constipation.

Physical therapists that are specialty trained can assess the pelvic floor for bladder and bowel dysfunction, as well as assess the entire musculoskeletal system and body. They then establish a treatment plan which focuses on treating the entire system. The pelvic floor is the group of muscles at the base of the pelvis that helps stabilize the spine and pelvis, offers support for the internal organs, aids in ability to maintain continence of bladder and bowels, and aids in sexual function. During the assessment, the pelvic floor and surrounding muscles are tested for strength, coordination, sensation and endurance. Treatment focuses on relearning how to use the muscles appropriately and how to manage the bladder or bowel dysfunction with behavioral modification. Treatment may include cutting back on bladder irritants such as coffee, caffeine, and alcohol, making sure you are getting enough liquid and fiber in the diet, and learning proper techniques for emptying the bladder and bowels. If mobility is a concern simple suggestions such as using an elevated toilet seat or grab bars in the restroom may be helpful. Biofeedback is a modality that is used in retraining the pelvic floor muscles. Patients need to be referred from their physician or nurse practitioner to be evaluated by a physical therapist. Patients are typically seen one time a week for 6-8 weeks.

The Center for Continence and Pelvic Health at Evergreen Hospital is dedicated to treating men and women with bladder and bowel difficulties. We have 3 physical therapists that specialize in pelvic health as well as a highly trained staff of urologists, urogynecologists, and an advanced nurse practitioner, all collaborating for effective evaluation and treatment. Please call 425-899-3890 for more information and to schedule an appointment.

Washington State Parkinson Support Groups

APDA serves as a clearinghouse for PD Support Groups. If you know of one not listed, listed in error or would like to see one created, please tell the Information and Referral Center via contacts on page 2. For Support Groups in Oregon, Alaska and Hawaii, also contact the I&R Center.

Idaho

Coeur D'Alene

Lake City Senior Center
Contact: Karen Goodson 208.689.3109
1st Friday of the month 1:00PM

Washington

Anacortes

Island Hospital
Contact: Jerry Ramsey 360.293.2185
3rd Thursday of the month 1:00PM

Auburn

Wesley Homes
Contact: Geri Montoya 253.876.6014
1st Friday of the month 10:00AM

Bainbridge

PD Young at H.E.A.R.T Group
Contact: Steve Bohannon 206.842.0226
sbohann@msn.com
1st Mon of the month 1:00PM

*Bellevue

Young Onset -- Bellevue Senior Center
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
1st Wed of the month 7:00PM

Bellingham

Parkway Chateau
Contact: Debra Ivanovich 360.724.3382
2nd Monday of the month 2:00PM

*Bothell

North Shore Senior Center
Contact: Susy Favaro 425.486.4564
suzyf@seniorservices.org
2nd Tues of the month 10:00 AM

Bremerton

Harrison Rehabilitation Services,
Canterbury Manor
Contact: David Hull 360.895.6220
1st Tues of the month 1:30PM

Chehalis

Dayspring Baptist Church
Contact: Gwen Moor 360.858.1206
happygp@juno.com

Des Moines

Wesley Homes
Contact: Rita Lambert 206.870.1302
rlambert@wesleyhomes.org
4th Tues of the month 10:30AM

Edmonds

South County Senior Center
Contact: Kathy McNutly 425.774.5555
njbeeler@comcast.net
2nd Wed of the month 1:00PM

Everett

Rainer Room, Colby Campus,
Providence General Hospital
Contact: Kathy Kidd, Karen Painter
425.327.9401
thekids@msn.com
4th Sat of the month 2:00PM

Gig Harbor

Point Fosdick Fire Station
Contact: Doug Manuel 253.858.8741
2nd Tuesday 7:00PM

*Issaquah

Our Savior Lutheran Church
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
2nd Monday of the month 1:30PM

Lakewood

St Mary's Episcopal Church
Contact: Doris Gilmore-Sherwood
253.582.8421
dbgilmore1212@aol.com
2nd Tues of the month 1:00PM

Longview

Canterbury Inn, 3rd and Hudson
Contact: Barbara Sudar 360.423.7012
bnbsudar@msn.com
3rd Wed of the month 1:30PM

Kirkland Caregiver Support Group

Tan 138 at Evergreen Hospital
4th Monday of the month 12:30 - 2pm

Mercer Island

Community Center at Mercer View
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
1st & 3rd Tues of the month 2:00PM

*Mercer Island

PD Carers -- Community Center at Mercer View
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
2nd Thurs of the month 1:30 PM

*Mercer Island

Adult Children of Parents with PD --
Community Center at Mercer View
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
3rd Mon of the month 7:00PM

North Seattle/Shoreline

Shoreline Senior Center
Contact: Scott Tieson 206.365.7593
SCOTTTH@SENIORSERVICES.ORG
4th Tues of the month 11:15AM

Oak Harbor

Oak Harbor Senior Center
Contact: Carolyn Hansen 360.279.1785
1st Friday of the month 1:00PM

Olympia

Westwoods Assisted Living
Contact: Karen Williams 360.956.3396
kwilliams@alcco.com
3rd Tues of the month 11:00AM

Port Angeles/Sequim

Port Angeles Senior Center
Contact: Jan Yates 360.457.9746
4th Wednesday of the month 10:30 AM

Port Townsend

Jefferson Healthcare/Telehealth
Contact: Mark Cherniack 360.385.2200
mcherniack@jgc.org
3rd Mon of the month 2:00PM

Puyallup

United Methodist Church
Contact: Shannon Tait 253.697.8533
shannon.tait@goodsamhealth.org
3rd Thurs of the month 1:30PM

Puyallup

Caregivers Support Group (Not Only PD)
Good Sam Community Services
Contact: Kathy McCormick 253.697.8400
2nd Monday of the month 1:30PM

Puyallup -- Young Onset

Bethany Baptist
Contact: Jeff Magin 253.445.7399
2nd Tuesday of the month 7:00PM

Renton

Merrill Gardens at Renton Centre
Contact: Barbara Shull 425-235-6400
3rd Wed of the month 1:30PM

Richland

Neurological Research Center
Contact: Heidi Hill 509.943.8455
hillh@kadlecmed.org
2nd Thurs of the month 1:30 PM

*Seattle

Seattle PD Carers --
Greenwood Senior Center
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
2nd Tues of the month 1:00PM

Seattle

Well Spouse -- Greenwood Senior Center
Contact: Carin Mack 206.230.0166
socialwkr@earthlink.net
1st Mon of the month 4:00PM

Seattle

Young Onset -- meets in members homes
Contact: Suzanne Cameron 206.286.8149
2nd Tues of the month 7:00PM

Seattle First Hill

Virginia Mason Medical Center
Contact: Laurel Beck
206.652-7373 x64553
laurel.beck@vmmc.org
Begins April 1st (1st Tuesday 1:30PM)

Seattle VA Puget Sound

Contact: Marne Baca 206.277.5516
3rd Friday of the month 12:15PM
Begins in April

Spokane

St. Lukes Rehab Institute
Contact: E'lise Balogh 509.483.6740
3rd Mon of the month 2:00PM

Spokane (Dystonia)

St. Lukes Rehab Institute
Contact: Denise Gibson 509.891.9131
denise@designden.com
2nd Sat of the month 1:00PM

Spokane (Women's)

Location changes -- contact group leader
Contact: Julie Willis 509.467.2240
1st Thurs of the month 1:00 PM

Tacoma

Tacoma Lutheran Home
Contact: Sharon Jung 253.284.4488
3rd Friday of the month 11:30AM

Vancouver

Legacy Salmon Creek
Contact: Lynda Forbes-Cramer
360.546.1763
lfcramer@comast.net
3rd Sat of the month 1:00PM

Vancouver

Locations and time varies
Contact: Jeanne 360.892.0686

Vashon Island

Contact: Kate Lanigan 206.463.3140

Walla Walla

Congregational Church
Contact: Darlene Lambert 509.382.4012
4th Sat of the month 6:00PM

Washington Peninsula

Ocean Park Lutheran Church
Contact: Patti Pellerin 360.665.3284
4th Fri of the month 1:30PM

West Seattle

Admiral Congregational UCC
Contact: Katie Stokely 206.933.5931
3rd Thurs of the month 1:30PM

Yakima

Park Meadows
Contact: Jaci Rice 509.248.9963
2nd Thurs of the month 2:00PM

The APDA would like to introduce the following support groups:

Anacortes
Gig Harbor
Puyallup -- Young Onset
Seattle VA Puget Sound
Call 206-277-5516 for more information.

Parkinson's Communication Group

1:00 - 2:30pm \$5 per session
1st Wednesday of each month
Hosted by Speech Pathologist Shirley Glazer, MS, CCC
Call 425.899.3000 to register

Neurological Exercise Group

12:45 - 1:45pm \$20 per four-week session
Next class begins May 31st
For information & registration call 425.899.3000
or visit www.evergreenhealthcare.org

Before joining a group, please contact the Group Leader to confirm location & schedule.
SUPPORT GROUP LEADERS NEEDED! LET ME HELP YOU GET STARTED! Contact I&R Center, see page 2

*Denotes APDA Affiliation

How To: GO FLY A KITE!...for the health of it!

(Here is the 4th installment in a series on all you'll need or want to know about kites & kite flying).

Well hello and welcome to GFK where our goal is to have fun and just maybe help a few of you acquire a new hobby. Let's get started. (The following has been gleaned & adopted mostly from the American Kiteflyers Association (AKA). So how does a kite fly? Ok here's how it works.

"Kites are aircraft by definition; a heavier than air craft consisting of a wood or fiberglass frame which is covered by light fabric, paper, or plastic. To this craft is attached a string, which is held by the flier on the ground. The kite achieves flight by virtue of its resistance to the wind provided by the string held firmly by the flier, and lift provided by the flow of air over and around the frame."

How Much Wind Do You Need to Fly?

Generally less than you think. Most kite flying problems are caused by not matching the kite to the wind. With over 30 kites myself I've ended up following the "golf bag" approach; "a club for every golf shot, a kite for every wind".

Light Breeze - 0 - 5 MPH Wind felt on face, leaves rustle: Fly Large delta kites

Gentle Breeze - 6 - 10 MPH Leaves and small twigs in constant motion, wind fully extends flags: Fly Delta, Dragon, Big Wing Stunter Kites

Moderate Breeze - 11 - 15MPH Raises dust and small paper, small branches move: Fly- Diamond, Cellular, Parafoils, Soft Stunter Kites

Fresh Breeze - 16 - 20 MPH Small leaved trees begin to sway, crested whitecaps on inland lakes: Fly Small Stunt Kites

Strong Breeze - 21 MPH + Large branches move, umbrellas difficult to control: Kites should not be flown in this kind of wind

You don't have to run a marathon to launch a kite. The easiest way to launch a kite is to tie it to a rocket, launch the rocket and play out the line real fast! Just kidding. A good kite will go right up.

Kites are decidedly low tech, so problems are few. Most problems seem centered around the need for a tail. Not all kites need a tail, but most kites can benefit from the stability offered by one in high winds. Tails can be for fun or decoration. Good quality kites will include a tail with the kite if one is needed. **Next time: selecting the best kite for you.**

By Richard Price, Participant, First Hill Seattle PD Support Group & North Seattle / Shoreline PD Support Group.

University of Washington
Department of Neurology
 Box 358280
 Seattle, WA 98195
 Attn: Marne Baca (S-127)



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Is your address correct on this mailing?

Returned and duplicate mailings waste valuable funds needed for Parkinson Research and support. Please submit any address or name corrections to APDA by contacting the I & R Center by phone, mail or email at the contact information listed on page 2.

*Please take a minute to do so ~
 we will all Benefit!*