Knut Apitz: A Culinary Artist with a Zest for Life

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**Cover Photo:** Chef Knut Apitz holds a citrus peel studded with cloves as he prepares café diablo flambé at the famed Grenadier’s restaurant (circa 1980).

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The mission of the Wisconsin Parkinson Association is to expand medical professional and public awareness and understanding about Parkinson disease that will lead to maximum support, the best individual health care, assistance for caregivers and families, and increased funding for research.
Dear Friends of the WPA,

I am honored to be the Wisconsin Parkinson Association’s new president and want to share a bit about myself. I was born and raised in Wisconsin, graduated from the University of Wisconsin in Madison, then moved to Chicago for work while earning my M.B.A. from the University of Chicago. After having our second baby, my husband, Rob McDonald – WPA board member and finance committee chair – and I decided we were quickly outgrowing our condo and wanted to get back to our families and raise our kids in Wisconsin. Although we both work full-time jobs in finance, we know the importance of helping out in our communities and are committed to doing that with the WPA.

As part of getting settled in, we wanted to join organizations that are important to us personally and where we could add value. I was asked to join the board of the WPA, as my father-in-law has Parkinson disease; I’ve gotten to see the effects of the disease on him and the people around him. It’s a disease that I feel is still not well known to people and the resources available are not very easy to find. I am committed to helping change this by helping grow the reach and breadth of the WPA.

The WPA has been a long-term support provider, educator, and resource to those impacted by Parkinson’s. I hope to continue that advocacy to health-care providers, support groups, and the greater public to communicate awareness of Parkinson’s and provide resources and support for those living with PD and those who care about someone with PD with our ultimate goal of finding a cure.

In my time working with the WPA, I have been amazed at the commitment and dedication of those around me, those who support our mission, and those who benefit from it. People in communities across the Midwest – who come together to help remember someone who may not be with us but who still leaves a lasting mark on those who were lucky to be near them – continue to help support others influenced by Parkinson’s.

Our vision is to help bring people the latest information on new treatments, how they are working, and potential medical breakthroughs in medication and procedures. We want to help guide people through the process: from learning about PD, finding where to get help, guiding what questions to ask health-care providers, sharing stories of others living with PD, providing details of groups that are working together to support each other, attending seminars on a proven therapy, getting help for caregivers and loved ones – any topic that may help someone get through the day, through a rough time, or even spark a discussion on ways people have improved themselves.

We need your help succeeding in our mission. I look forward to seeing you at one of our events, hearing about you in The Network, or talking to you anytime you’d like to chat about Parkinson’s and the WPA. Feel free to call or email the WPA office to get in touch.

Sincerely,

Kate McDonald
So often we segment our lives without even being aware we are doing it. We put work here, family there, educational events here, and fund-raisers there. When we do this, however, we can miss amazing opportunities.

I have noticed this is especially true in the area of trying to increase awareness of and about Parkinson disease. The WPA can host awareness and educational events, but the most effective awareness avenue is actually each of us individually just recognizing that we all are awareness ambassadors for PD as we go about the normal routines of our lives.

A perfect example of this is when I am at an event for the WPA that people would label as a “fund-raiser,” I often end up being approached by a member of the wait staff, a speaker, a custodian, an attendee, or someone who is not connected with the event. When they see “Wisconsin Parkinson Association,” they have questions because they know someone afflicted by the disease but haven’t known whom to talk to about it.

Parkinson disease touches so many lives in addition to the person with the disease, and many of those people have lots of questions and don’t know where to go for answers. Though none of us have all the answers, each of us does have the ability to speak about the disease and direct people to where they can get education and support that can make such a day-to-day, positive difference in their life. The WPA staff is available via phone, Internet, or in person and would love to provide the information and referrals needed.

At our WPA Open against Parkinson Disease golf event this past fall, I was privileged to be approached by the bartender as we were cleaning up. He was a young man in his twenties and asked what the WPA was about. As we spoke, I found out his father had been diagnosed six months earlier, and he and the rest of his family were very confused and concerned as their medical care provider only gave medicine – no answers or directions as to how to handle this new phase of all their lives. I left that event happy that the golf outing was successful financially but more thrilled and fulfilled that the “fund-raising turned awareness” event had opened the door to understanding and support to someone and his family who had Parkinson disease.

As we approach April, which is Parkinson Disease Awareness Month, I want to encourage each of you to realize you can have a great impact as an awareness ambassador for Parkinson disease as you go about your usual daily routine. And as you encounter those with questions about PD in any setting, know that the WPA is here to support you and people living with Parkinson’s in any way we can.
2015 Events Calendar

For details and registration for all WPA events, please call us at 414-219-7061.

Friday, March 27
WPA Living Well Conference
Neuroscience Group Field at Fox Cities Stadium
Appleton, WI

Friday, April 17
WPA Living Well with Parkinson Disease
Racine Marriott, Racine, WI

Saturday, April 25
Craig High School Pace for Parkinson’s run/walk
Riverside Park, Janesville, WI
Registration: www.itsyourrace.com

Friday, May 15
WPA Living Well with Parkinson Disease
Milwaukee Marriott West, Waukesha, WI

Saturday, June 13
Movers & Shakers Classic Golf Outing
Evergreen Golf Club, Elkhorn, WI

Thursday, June 25
WPA Support Group Facilitator Training
Pewaukee, WI

Friday, June 26
WPA Parkinson Disease Symposium
Pewaukee, WI

Thursday, July 16
WPA Parkinson Disease: The Basics and Beyond
Portage, WI

Sunday, August 2
The Bottle Milwaukee Charity Softball Tournament in Memory of Tim Puthoff
KK Sports Complex, Bay View, WI

Friday, August 7
WPA Living Well Conference
Rhinelander/Eagle River, WI

August
WPA Living Well with Parkinson Disease
West Bend, WI

Saturday, September 12
Fall Parkinson Ride in Memory of LaVern McCarville and Marvin Emberson
Monticello, WI
Information: Fall Parkinson Ride Facebook

Tuesday, September 15
WPA 4th annual Open against Parkinson Disease, presented by HeatTek, Inc.
The Legend at Brandybrook, Wales, WI

September/October
Punt Parkinson’s with the Packers
Pewaukee, WI

Saturday, October 10
Partners in Parkinson's
Presented by Michael J. Fox Foundation and AbbVie; local presenting sponsor, the Wisconsin Parkinson Association

Friday, October 16
WPA Living Well Conference
Rockford, IL

Wednesday, December 9
WPA Annual Meeting
Westmoor Country Club, Brookfield, WI

Please note that events are subject to change.
Community Fund-raising Events
Help Those with Parkinson’s

Thank you, all! The WPA is very grateful to the altruistic people involved with these events because every gift, large or small, helps our efforts to support those with Parkinson’s, provide education about improving quality of life with PD, and create greater awareness about this disorder. Your involvement matters!

We are delighted to report on activities that took place during the second half of 2014.

The Sheboygan Parkinson Support Group’s Corvette Car Show on July 15 at Terrace Place in Sheboygan included live music, a brat fry, and door prizes.

On August 3 in Bay View, The Bottle Milwaukee’s 7th Annual Charity Softball Tournament honored the memory of Tim Puthoff, knocking it out of the park with a total of $5,330.

The magnificent motorcyclists from Monticello on September 6 marked their 10th year of raising funds and awareness for Parkinson disease! The Fall Parkinson Ride in Memory of LaVern McCarville and Marvin Emberson, this year titled “The Duck Run,” raised an impressive $10,200.

Facilitator Louis Borth and his daughters Kristine Barts (left) and Kelly Lombardo.

Above: Players and volunteers from The Bottle Milwaukee. Left: Len Puthoff (center), brother of the late Tim Puthoff, with wife Kathy and son Matt, who organizes the tournament.

Above: Eric Emberson (left) and Brandon Hendrickson, grandsons of the commemorated men.
WPA Board Elects New Officers

Kate McDonald • President | Robert V. Norman • Secretary | Richard Schumann • Acting Treasurer

As terms for officers are one year in duration, the board of the Wisconsin Parkinson Association elected a new slate of officers at its December 10, 2014, annual meeting. Kate McDonald was elected president; Robert V. Norman, secretary; and Richard Schumann, acting treasurer. The annual meeting this year included dinner with WPA members at Westmoor Country Club in Brookfield, Wisconsin. After the business meeting, guest speaker Erica Vitek, occupational therapist with Aurora Sinai Medical Center, reported on the recent training of LSVT BIG and LOUD practitioners that was sponsored by the WPA.

On September 28, the second Punt Parkinson’s with the Packers provided golfing at Willow Run Golf Course, TV screens inside the clubhouse showing the Packers/Bears game, and a bounteous silent auction for the attendees; the event scored a terrific $5,115.

November 29 featured the Thanksgiving Benefit Dance and Fundraiser in Memory of Shannon Hall at Schmidt’s Ballroom in Wausau. The event honored Shannon and supported causes dear to her, which included the WPA, as her father lives with Parkinson’s. Live music and fund-raising activities resulted in a generous donation of $3,690 to the WPA.

Additionally, the WPA received much-appreciated contributions from the Scott Donahue/Canyon City Golf Outing (total $1,600) on September 13, the Blue’s Egg Restaurant “September Egg Plate” – for each Egg Plate special sold in that month, the restaurant donated $1 to the WPA (total $724) – and Pastiche Bistro and Wine Bar ($242, to date), from its policy of charging $2 per special order, with the proceeds to go to the WPA.

Thank you
In discussing the theme of this newsletter, the topic of swallowing seemed too limited. Since swallowing is part of the process of eating, and food is the material being eaten, it seemed logical to review what we know about “gustatory” sensation, the ability to taste and smell food. For the last twenty-five years a lot of commentary has been printed on the issue of whether Parkinson disease causes a loss of the sense of smell (anosmia) and an associated inability to taste food. So widespread is the belief that losing your sense of smell is a predictable early sign of Parkinson disease that some authors have suggested the finding may be used to predict the later appearance of other symptoms of Parkinson disease. Some authors have gone as far as suggesting that Parkinson disease may reflect a condition caused by a prion-like agent that gains entry to the brain via the nose and olfactory nerves and then spreads to areas that control movement and cognitive performance.1-2

From a clinical standpoint, these observations would suggest that altered taste perception would be the rule rather than the exception in people with Parkinson disease. Over the years, I have been unimpressed that this is the case and can testify that many of my patients have been excellent cooks and very discerning commentators on the merits of various restaurants. Clinical experience questions the validity of any theory that links loss of sense of smell and taste with Parkinson disease.

Reviewing the studies that have been published, it is apparent that the sample sizes in all studies are relatively small (under 100 patients and control subjects). Different techniques for evaluating smell perception are used, ranging from fragrance strips (like those you find in magazines) to more sophisticated devices (University of Pennsylvania Olfactory Test). These studies report altered sense of smell in 80-90% of Parkinson patients, but careful reading of the results shows that many individuals had only a partial deficit relative to control subjects. These results are similar to our own experience in the clinic using a set of fragrance strips marketed to test the sense of smell. What we found was that some odors were readily identified (tobacco) while others (lilac floral) were often misperceived or not identified at all. Many patients who reported having “altered sense of smell” showed intact abilities to identify most odors, and the significance of these alterations in olfaction is difficult to quantify. If you can still taste your food or season a recipe, does a partial defect in your sense of smell really mean anything when it shows up on a test? No one seems to have looked at the relevance of olfactory test results on day-to-day activities requiring a sense of taste or smell, which makes their value even more limited.

One recent paper questions the entire technique of smell analysis in Parkinson patients by linking difficulty in identification of smells with the ability to “sniff.” These authors demonstrated that altered smell perception was commonly seen in patients who had trouble drawing air into their nostrils quickly. This defect in inspiratory control seemed to be directly correlated

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Can I still work with Parkinson disease?

Yes, depending on severity of symptoms and type of job. My approach is always to treat patients to allow for best function with limited side effects from medication in order to reach short-term and more long-term goals. Jobs that require fine dexterity, intact reaction speed and timing, and those involving operating heavy machinery, dangerous equipment, or requiring a CDL license, for example, are frequently a challenge. If a job requires yearly health visits with an occupational medicine specialist, then the job is often one that allows little latitude in the way of health issues. When one is no longer able to perform his or her job safely, then consideration for transfer into a less demanding role, early retirement, or disability versus vocational rehabilitation should be considered.

Doc, how much time do I have left?

There is no way to answer this question accurately. None of us is guaranteed the next day to come. But to try to answer in the spirit of the question, longevity depends on the health of each individual and also how progressive each individual’s disease state becomes. Some people have very mild symptoms controlled with an uncomplicated medicine regimen. Others have more severe symptoms or a faster rate of progression. No matter the individual, it’s guaranteed that each patient will experience worsening of symptoms and require adjustment of medications. I like to emphasize that the healthier one is to start, the healthier they will be even with Parkinson disease. I cannot stress the importance of appropriate exercise, diet, sleep, mental health, and a positive outlook, whatever the day may bring.

What should I read about Parkinson disease?

Well, there are numerous websites to search and foundations to choose from when it comes to information about Parkinson’s. I stress the basics at first. The details will fill in more clearly as time marches on and issues come up. However, sometimes that stuff is just so dry. For those easily bored, try reading a copy of Michael J. Fox’s Lucky Man, for example. I read this before the idea of going into the field of neurology was more than a flicker in my mind. I have also become the owner recently of a copy of Saving Milly: Love, Politics and Parkinson’s disease by Morton Kondracke. I have no affiliation with the publishers! It is just good to hear different people’s perspectives.

Ask the doctor! Send your questions about Parkinson disease by mail to “Ask the Doctor,” Wisconsin Parkinson Association, 945 N. 12th Street, Suite 4602, Milwaukee, WI 53233 or email to mail@wiparkinson.org and put “Ask the Doctor” in the subject line.
Regular visits to the dentist are, of course, important for all of us. For a person who has Parkinson disease (as I do), good dental care is even more critical because the disease can impact the health of the mouth, teeth, and jaw and make dental care more challenging.

When it comes to maintaining dental routines, rigidity or tremor may make it difficult to brush one’s teeth. In addition, symptoms such as fatigue, anxiety, and tremor can make it difficult to commute to appointments, to sit still in the dentist’s chair, or to open the mouth wide.

Common PD symptoms such as rigidity and tremor as well as dyskinesias (the involuntary twisting and writhing movements that are a complication of levodopa therapy) can cause discomfort in the joint that connects the lower jaw to the skull. They can also be a cause of cracked teeth, tooth wear, and changes in the fit and wear of dentures. Dyskinesias also may cause tooth grinding. Too much saliva, which can be generated when there is trouble swallowing, can lead to a fungal infection at the corners of the mouth, which is easily treated. By contrast, too little saliva or dry mouth – also common in PD – increases the risk of cavities. Sucking on sugar-free hard candy can help a person produce more saliva, or artificial saliva substitutes can be introduced. The problem may be eased by avoiding alcohol, tobacco, and spicy and acidic foods.

Tips for visits to the dentist

A few tips can significantly improve the dental visit. When preparing for that visit, it helps to call first to make the office aware of the PD symptoms that may complicate the experience. This will help the dentist and the staff to provide better treatment.

The dentist should have a sense of the overall health of a person with PD, and someone on staff should record vital signs upon arrival. It is important to tell the dentist if the person with PD is taking MAO-B inhibitors (rasagiline and selegiline), as these may interact with both local and general anesthetics.

Keep these tips in mind:

- Ask to keep the dental chair more upright to make swallowing easier.
- Plan short appointments (for example, 45 minutes) early in the day.
- Schedule appointments to start about 60-90 minutes after a levodopa dose.
- After the treatment is over, get up slowly from the dental chair (to prevent dizziness).
- Request all instructions in writing, with copies for the care partner as well as the patient.
- Schedule routine check-ups and cleanings every three to six months.
- For people who wear dentures, the dentist should screen for oral cancer and evaluate the fit of the dentures as part of the routine visit.
Finally, because dental visits may become more troublesome as PD progresses, it is a good idea to consider scheduling the replacement of old fillings, crowns and bridges, and ill-fitting dentures during the early stages of the condition.

Caring for your teeth at home

Regular brushing, flossing, and rinsing with an over-the-counter fluoride rinse helps to prevent cavities and gum disease, but PD movement symptoms can interfere with one’s ability to maintain oral hygiene. People with Parkinson’s should try using a toothbrush with a large-handled grip and soft bristles. Note that a small brush head reaches the corners better. To make the toothbrush easier to grasp, it may help to place the handle inside a bike handlebar grip or tennis ball. An electric toothbrush may also work well.

People should aim to brush after every meal for two minutes and also brush the tongue. It’s best to brush one-handed, using the stronger side of the body. If it’s not possible to brush after a meal, simply rinsing the mouth with water will help. Flossing is important; help from a care partner may be needed. For fluoride rinses, if swishing and spitting is difficult, the dentist may recommend a brush or sponge applicator. Antimicrobial mouth rinses also can be applied with a brush. If dentures are involved, they should be removed after each meal, and brushed or rinsed. At night, the dentures should be brushed well or cleaned in a soaking solution.

Parkinson’s may present some additional challenges to dental visits and oral hygiene home care, but with effective communication with your dental provider and a commitment to home care, long-term dental health is achievable.

Jane Busch, D.D.S., retired from clinical practice in general dentistry, is the director of education for the Academy for Excellence in Dental Technology; vice president of the American Parkinson Disease Association, Wisconsin Chapter; and CEO of the LIFE Foundation (Lifestyle Initiative for Fitness Empowerment).

FDA Approves Two New Parkinson’s Drugs

Within the first two weeks of January, the U.S. Food and Drug Administration approved two new medical treatments for those living with Parkinson’s.

**Rytary** (pronounced rye-TAR-ee), manufactured by Impax Pharmaceuticals, is a formulation of carbidopa-levodopa in an oral capsule containing immediate-release and extended-release beads that reduce the percentage of “off” time in those with advanced Parkinson’s, with an additional effect of increasing “on” time without troublesome dyskinesias during waking hours. Impax expects four strengths of Rytary to be available for commercial distribution in February 2015.

**Duopa enteral suspension**, manufactured by AbbVie, provides the same active ingredients as orally administered carbidopa-levodopa immediate release, but they are delivered into the small intestine via a small, portable infusion pump. In advanced Parkinson’s, the emptying of the stomach becomes delayed and unpredictable; this type of administration bypasses the stomach and delivers the drug directly to the small intestine for better management of motor symptoms.

Contact your neurologist to find out whether these new treatments may be an option for you.
Knut Apitz: A Culinary Artist with a Zest for Life

Even at the tender age of nine, Knut Apitz was certain. He loved working with his mother in the kitchen of his boyhood home in Berlin, Germany. Then one day, he remembers, “I told her I was going to become a chef.”

Within the next few years, Knut’s mother accompanied him to a Berlin restaurant, where he applied for and secured an apprenticeship during the hours he was not attending school. He completed his apprentice period at a Berlin hotel.

Knut graduated in 1957 from Berufsschule (“like the culinary program at the Milwaukee Area Technical College,” he says), then worked in Germany, Holland, England, and Switzerland. Knut soon found that in each country, there were differences in approach to the culinary arts. Not surprisingly, then, there was no single influence in his approach to cooking. “It molds you, all these experiences,” he says.

“Early in my career,” Knut says, “a chef had advised me to try to work in the finest places where I could get in and get as much experience as I could.” Knut took that to heart. He says, “I worked in different positions, climbing the ladder.”

He was a nimble climber: At the apex of his career, Knut Apitz was proprietor and chef of the famous Grenadier’s restaurant in Milwaukee between 1975 and 1999. Grenadier’s, as of 1996, was the only restaurant in Milwaukee to have received a four-star rating from the Mobil Travel Guide (now Forbes Travel Guide).

Grenadier’s became a destination for such guests as comedienne Phyllis Diller, former president George H. W. Bush, actress Liza Minnelli, Chicago mayor Richard M. Daley, violinist Itzhak Perlman, and Milwaukee Symphony Orchestra conductor Zdeněk Mácal. Mountains of thank-you letters prove the popularity and admiration of the restaurant and the man, and Knut is much beloved in the Milwaukee culinary arts scene, having influenced and inspired the next generation of restaurateurs and chefs.

Knut, a certified executive chef and certified culinary educator, was the Wisconsin Restaurant Association’s Chef of the Year in 1993 and the American Culinary Federation’s Chef of the Year in 1994. He became a member of the American Academy of Chefs in 1995, and in 2010, the American Culinary Federation of Chefs of Milwaukee presented him with a Lifetime Achievement Award.

Chef Apitz wears the ribbon of his rank as Bailli Honoraire de Milwaukee Commandeur at a Wisconsin chapter meeting of the Confrérie de la Chaine des Rôtisseurs. The distinguished international food and wine society—a private, members-only club that promotes the gastronomic arts and preserves the traditions and grandeur of haute cuisine—was founded in 1248.
In 1962 Knut was in the U.S., applying for a working visa, but his plans for pursuing a culinary career here were delayed by the Vietnam War; by 1963 he was a German citizen serving in the U.S. military in Germany. By chance, newly arrived in Stuttgart, he saw a notice advertising for soccer players with Conseil International du Sport Militaire (the International Military Sports Council).

It all could have been so different.

Nine-year-old boys sometimes dream of becoming many things: young Knut had also wanted to become a professional soccer player. He says, “My mother, however, advised me to pursue cooking in case I broke a leg playing soccer.”

So, in Stuttgart in his early twenties, after a tryout for the soccer team, he was chosen and played for more than two years before completing his military service. He enjoyed the enviable chance to fulfill his other passion (without breaking his leg).

(From Left) Knut and his wife, Ursula, enjoy a rich family life that includes time with nieces Erica (left) and Natalie (right). Knut also is an enthusiastic proponent of fishing and golf; he has generously supported and been involved with the LaVerne Brewer Memorial Golf Outing and the WPA Open against Parkinson Disease.

After his final soccer game in Murcia, Spain, Knut came to the U.S. to live and work. His first position was with the Milwaukee Country Club in River Hills. He spent a couple of years in Madison and returned to Milwaukee to work at the Tripoli Country Club before opening Grenadier’s with Robert Jordan in 1975.

Despite a diagnosis of Parkinson’s in 2005, Knut retains a very busy culinary social calendar, with family and friends foremost in his sphere. In addition, he offers his time with local organizations that are important to him: as a member of the MATC Culinary Arts Advisory Committee and the Wisconsin Restaurant Association Education Committee and as a board member of the Wisconsin Parkinson Association.

Knut continues his life with the tenacity, optimism, and charm with which he conducted his professional life. He notices only that he drinks less wine now. “My wife, Ursula, likes to cook,” he says. “Normally I don’t cook because I make a mess. She will do the cooking and then ask me to fine-tune it.

“When you get right down to it,” he says, “I am a taste enhancer.”

— Juliette Hayes
Taste and Smell: What is the Relationship of these Special Senses to Parkinson Disease? (continued from page 7)

with errors in smell perception, suggesting that the defect is not neurological at all but an artifact of not being able to draw odors into the nasal passages. These observations demonstrate how misleading an observation can be and how many errors can be made when conclusions are based on a single erroneous concept.

It is interesting to look at the information offered by Fifth Sense (www.fifthsense.org.uk), a European organization that was designed to provide information to people who had lost their sense of smell and taste. Their website lists the usual causes for losing one’s sense of smell: sinus infections, 25% of cases; idiopathic, 25%; upper respiratory viral infections, 20%; head trauma, 15%; congenital anosmia, 1%; neurological diseases (combining Alzheimer dementia and Parkinson disease), 2-5%; other causes including drug toxicity, 5-10%. When you look at what data exists, the connection between the sense of smell and taste and Parkinson disease seems much less impressive than is often suggested. Having Parkinson disease does not preclude being a superb chef nor a critical judge of food and drink. The dismissal of weight loss as a result of “poor sense of smell and taste” is not reasonable in most Parkinson patients, and alternative explanations need to be pursued.


What is dysphagia? This is the clinical term for difficulty with swallowing. Individuals with dysphagia may demonstrate oral phase (chewing or controlling the liquid and food in the mouth) or pharyngeal phase (propelling the food into the esophagus and protecting the airway) difficulties or a combination of these. Swallowing-specific quality of life and general health-related quality of life measures in Parkinson disease are related. Swallow dysfunction can be thought of as a burden, thus having a negative effect on socialization and the individual’s mental health. Research has noted a link between dysphagia and depression.

Research also has indicated that the incidence of dysphagia for individuals with Parkinson’s ranges from 75-100% of all patients at some point in their disease process. Actual reporting by patients that a swallowing problem exists ranges far less at 20-41%. If these numbers are correct, then what is a patient to do?

One should contact his or her physician to obtain an order for services from a speech language pathologist. The speech pathologist receives specialized training in the evaluation and treatment of swallowing disorders. Evaluations are frequently conducted on an outpatient basis but may also occur on an inpatient basis if the individual has been hospitalized.

The evaluation for dysphagia consists of the following components: a medical history, baseline information, consideration of medication schedule for on/off timing, consideration of deep brain stimulator (if patient has one) for on/off timing, and a description of what the problems are with swallowing. When the patient is unable to describe them, then the family member/caregiver who reported the problem must be interviewed.

The next part of the evaluation consists of an oral motor evaluation, a clinical swallowing evaluation, and an instrumental assessment of the swallow. A radiographic procedure called a modified barium swallow test is frequently performed, which enables the speech therapist to view and objectively assess the motion of the swallow mechanism with a variety of liquid and food consistencies. The therapist will also assess for possible aspiration during this evaluation. Some facilities and therapists may also use a test called a FEES, a fiberoptic endoscopic evaluation of swallow.

There is no one recommendation as all patients have individual and specific needs. Following the evaluation, the therapist can make recommendations for the patient, including modification to the patient’s diet; changes to the consistency of either liquids or foods may improve the patient’s ability to swallow more safely. Recommendations for swallowing maneuvers such as a chin tuck or effortful swallow might be recommended. The therapist can also design therapy and exercises to improve the swallowing function. In severe cases there may be the need for a feeding tube if swallowing is unsafe.

Research has shown that swallowing changes take place across the course of Parkinson disease. The speech therapist can work with you throughout and assist you in maintaining your abilities as long as possible. If you suspect you or a loved one is having undetected swallowing difficulty, please contact your physician. There are speech therapists in your area willing to help you.

Frederick Henry, a speech language pathologist who has practiced in the Milwaukee area since 1980, holds a master’s degree in speech language pathology from the University of Wisconsin–Milwaukee and is a certified provider of LSVT LOUD for clients with Parkinson’s and other neurological disorders.
Support Group Spotlight

Number five in our series! Continuing with our travels throughout Wisconsin and neighboring states to hear from people about why they are involved with a Parkinson’s support group, we connected with the group in Kenosha.

With a population of nearly 100,000, Kenosha is the fourth-largest city in Wisconsin and is located in the southeastern quadrant near the Illinois border. Business, industry, and tourism have replaced a previous economy of automobile and truck manufacturing.

Julie Topolovec and Dave Gourdoux run the meetings. The group numbers between five and fifteen in any given month and includes caregivers. As most of the members do not use email, Dave mails out notices covering information about the next two meetings, which may feature a guest speaker, or Julie and Dave may lead discussions.

Dave reports a broad range of experience in the group: older people, younger people, those who go to Chicago for treatment, those who go to Milwaukee. “There is an advantage to being in a support group,” he says. “You learn to manage your own disease. It’s good to be informed about insurance, estate planning, preventing falls, occupational therapy – there are a ton of things that other members and guest speakers can help with in addition to talking about your treatments.

“Some people may be concerned that support groups are pity parties. Well, sometimes you do need a shoulder to cry on, but it’s not about people feeling sorry for themselves. ‘Support’ means many different things, including getting information you wouldn’t have thought of otherwise. Also, you will have knowledge you can offer to other people. The goal is to make your experience with Parkinson’s better.” 🌿

Kenosha Support Group
Brookside Care Center
3506 Washington Road, Kenosha
1st Wednesday at 2:00 p.m.
Contact: Julie Topolovec at 262-657-7276 or Dave Gourdoux at 262-694-6156

Wisconsin Parkinson Association
Getting Medications Approved Faster!

by: Jonathon Klein, B.S., C.C.R.C.
Clinical Research Coordinator
Regional Parkinson Center

My previous article provided a few explanations as to why new medications can take more than ten years to get approved. In this article, I want to talk about a few things being done to speed up this lengthy process. Clinical research is continually evolving and, like many other fields, it seems that the changes being made are going to allow for a much more fluid, efficient process.

One improvement that is reducing time for drug approval is how data gets compiled and submitted to study sponsors. For example, in the past, all the information that we gathered from a study was handwritten, transcribed to a final paper copy, and then mailed or faxed to a central location. All of that handwritten and copied data would then be assembled and analyzed by the pharmaceutical company. The process was very tedious and time consuming. Nowadays, all that handwritten information (from sites all over the world) can be entered by computer into a central, global database, allowing for data to be analyzed, summarized, and reported significantly faster than in the past.

Another reason that the drug approval process is becoming more efficient is that clinical research, like so many things, is becoming more and more globalized. This means that pharmaceutical companies developing new medications are getting better at interacting with hospitals and research facilities all over the world. A single company can now effectively plan, implement, and execute a clinical trial that utilizes hundreds of sites internationally. That means less time to get a study up and running, find all the participants that are needed, and gather all the necessary data. The continued interaction and integration among health organizations, governments, and nations is slowly but surely improving the clinical trial process.

Some of the biggest improvements being made relate directly to patient education and study recruitment. Finding people to take part in drug studies can, at times, be very difficult. Imagine how much this slows down the entire drug approval process. It’s believed that misconceptions about clinical trials are a big cause for slow trial enrollment. Organizations are now investing millions of dollars to educate patients about the whole process. For instance, a recent survey showed that:

• fewer than 1 in 10 patients with Parkinson’s has ever participated in a clinical trial,
• almost half (46%) believed that patients in clinical trials are “guinea pigs,”
• 32% thought that volunteering for a clinical trial meant they would be exposed to experiments that they did not agree to,
• 33% believed that if they participated in a clinical trial, it would interfere with their regular care.

These responses show the level of misunderstanding that exists with regard to clinical trials. Just to clarify, volunteers in clinical studies are not guinea pigs. Participants are never exposed to experiments that they did not agree to. And a clinical trial should never interfere with a patient’s regular care. Along with better education strategies, companies are also creating centralized registration platforms (such as Fox Trial Finder) so that doctors involved with research and patients who are interested in clinical trials can be matched accordingly.

In recent years, the methods used to collect and submit clinical trial data have been significantly improved. The ability to interact with global communities is allowing companies to complete research studies faster than before. And the development of education programs and patient registries seems to be helping with recruitment problems. These are just a few of the strategies being used to conduct more efficient and more effective clinical research.
This list is current as of February 1, 2015. Please contact Jeremy Otte at 414-219-7065 or jeremyo@wiparkinson.org with any changes.

To find Lewy body dementia support groups in your area, call the Lewy Body Dementia Association at 800-539-9767.

**Illinois** All Groups

**Belvidere, IL**
- **Exercise Group**
  - Keen Age Center
  - 2141 Henry Luckow Lane
  - Tuesdays at 9:00 a.m.
  - (fee associated)
  - **Contact:** Linda Palmer at 815-871-6710

**Bellwood, IL**
- **Caregiver Group**
  - Keen Age Center
  - 2141 Henry Luckow Lane
  - Tuesdays at 9:00 a.m.
  - **Contact:** David Palmer at 815-871-3710

**Dixon, IL**
- **Town Square Center**
  - 102 S. Hennepin, 2nd Floor Community Room
  - 2nd Thursday at 1:00 p.m.
  - **Contact:** Anne Hilliard at 815-285-5575

**Dixfield, IL**
- **Support Group**
  - Michiana Parkinson Support Group
  - Holy Cross Village, Andre Place
  - 54515 State Road 933 North
  - 1st Monday from 1:00 – 3:00 p.m.
  - **Contact:** Dawn Hatch at 574-262-1739

**Dubuque, IA**
- **Stonehill Adult Daycare Center**
  - 3485 Windsor Avenue
  - 4th Saturday at 10:00 a.m.
  - **Contact:** Gerald Osterhaus at 563-582-7313

**Grinnell, IA**
- **Support Group**
  - North Shore Senior Center
  - 161 Northfield
  - Every Wednesday at 1:00 p.m.
  - **Contact:** Michele Corrado at 847-784-6038

**Rockford, IL**
- **Support Group**
  - Wesley Willows
  - 4141 N. Rockton Avenue
  - 2nd Wednesday from 10:00 - 11:30 a.m.
  - **Contact:** Faye Ford at 815-885-4897 or Joyce Reiland at 815-229-3078

- **Exercise Group**
  - Pedaling for Parkinson's
  - YMCA of Rock River Valley
  - I.D. Pennock Family YMCA
  - 200 Y Boulevard
  - Mondays, Wednesdays, Fridays at 12:30 p.m. (free)
  - **Contact:** Linda Palmer at 815-871-6710

**Roscoe, IL**
- **Exercise Group**
  - Pedaling for Parkinson’s
  - Stateline Family YMCA, Roscoe Branch
  - 9901 Main Street
  - Mondays, Wednesdays, Fridays at 11:00 a.m. (free)
  - **Contact:** Ann Hankins at 815-365-2261

**Indiana** Support Groups

**Notre Dame/South Bend, IN**
- Michiana Parkinson Support Group
  - Holy Cross Village, Andre Place
  - 54515 State Road 933 North
  - 1st Monday from 1:00 – 3:00 p.m.
  - **Contact:** Dawn Hatch at 574-262-1739

**Iowa** Support Groups

**Bettendorf, IA**
- **Lewy body dementia support group**
  - Trinity Medical Center
  - 4500 Ulica Ridge Road
  - Lower Level Classroom A and B
  - 3rd Tuesday from 7:00 – 8:30 p.m.
  - **Contact:** Elizabeth Saelens at 309-523-3880

**Burlington, IA**
- **Great River Medical Center**
  - 1225 Gear Avenue
  - Blackhawk Room
  - 3rd Thursday at 2:00 p.m.
  - **Contact:** Tom Habling at 815-398-1720

**Clinton, IA**
- **Mercy Medical Center**
  - 638 S. Bluff Boulevard
  - South Campus Board Room
  - 2nd Saturday at 10:00 a.m.
  - **Contact:** Don & Rita Schneider at 563-753-0550

**Decorah, IA**
- **Gloria Dei Lutheran Church**
  - 4700 Augustana Drive
  - 3rd Tuesday at 7:00 p.m.
  - Dinner meetings at 6:30 p.m.
  - **Contact:** David and Linda Palmer at 815-871-6710

**Dubuque, IA**
- **Stonehill Adult Daycare Center**
  - 3485 Windsor Avenue
  - 4th Saturday at 10:00 a.m.
  - **Contact:** Gerald Osterhaus at 563-582-7313

**Newtown, IA**
- **North Shore Senior Center**
  - 1203 E. Washington Street
  - 2nd Tuesday at 3:30 p.m.
  - **Contact:** Amy Kleese at 319-653-5473

**Washington, IA**
- **United Presbyterian Home**
  - 1110 Tenth Avenue
  - 2nd Saturday at 10:00 a.m.
  - **Contact:** Patricia Ihler at 906-863-9445

**Menomonie, WI/Marinette, WI**
- **Harbors Retirement Community**
  - 1110 Tenth Avenue
  - 2nd Saturday at 10:00 a.m.
  - **Contact:** Patricia Ihler at 906-863-9445

**Negroan, WI**
- **Negaunee Senior Center**
  - 410 Jackson Street
  - 4th Monday at 1:00 p.m.
  - **Contact:** Lindsay Juricek at 906-475-6266

**Wisconsin** All Groups

**Appleton, WI**
- **Support Group**
  - Touchmark at West Prospect
  - 2601 Touchmark Drive
  - 3rd Thursday at 2:00 p.m.
  - **Contact:** Rachel Watkins-Peterson at 920-832-9100

**Clinton, IA**
- **Mercy Medical Center**
  - 638 S. Bluff Boulevard
  - South Campus Board Room
  - 2nd Saturday at 10:00 a.m.
  - **Contact:** Don & Rita Schneider at 563-753-0550

**Davenport, IA**
- **Center for Active Seniors**
  - 1035 W. Kimberly Road
  - 3rd Saturday from 10:00 a.m. – Noon
  - **Contact:** Eileen Benson at 563-332-6497
young-onset group
Emeritus at Fox River
5800 Pennsylvania Avenue
2nd Thursday at 6:00 p.m.
Contact: Margaret Foth at 920-735-0477
or Margaret Kaspar at 920-915-5488

Baraboo, WI
support group
First Congregational United Church of Christ
131 Sixth Avenue
3rd Monday at 2:00 p.m.
Contact: Sylvia Kriegl at 608-356-7096
or Geri Schoenoff at 608-356-3473

Bay Area, WI
support group
Meeting rotates each month: Bayfield,
Washburn, Cornucopia, & Ashland
9:30 – 11:00 a.m.
Contact: Joan Schierman at 715-742-3911 or
Jeff Obst at 715-209-0807
for current month’s date, town, and
meeting location

Brookfield, WI
support group
Brookfield Regency
777 N. Brookfield Road
1st Thursday at 2:30 p.m.
Contact: Jeremy Otte at 414-219-7065

support group
Brookfield Public Library
1900 N. Calhoun Road
Harnischfeger Room
2nd Monday at 10:00 a.m.
Contact: 414-805-8326

exercise group
Brookfield Senior Community Center
2000 N. Calhoun Road
Tuesdays & Thursdays at 10:30 a.m.
(fee associated)
Contact: Lisa Glenn at 262-796-6675

Brown Deer, WI
exercise group
Rite-Hite YMCA
9250 N. Green Bay Road
Tuesdays & Thursdays at 1:30 or 2:00 p.m.
(fee associated)
Contact: Megan Radowski or
Liz Paly, PT, at 414-354-9622

Chippewa Falls, WI
support group
Trinity United Methodist Church
201 W. Central Street
1st Wednesday at 1:30 p.m.
Contact: Ursula Whelan at 715-723-3726
or Dianne Wilson at 715-861-4169

Eau Claire, WI
support group
Sacred Heart Hospital
900 W. Clairemont Avenue
Room location varies
3rd Tuesday from 1:00 – 3:00 p.m.
Contact: Sarah Hendrickson, RN,
at 715-717-4334

Fish Creek, WI
exercise group
Door County YMCA
Northern Door Program Center
3866 Gibraltar Road
Tuesdays & Thursdays at 11:00 a.m.
(fee associated)
Contact: Carol Ash, PT, at 920-868-3660

Fond du Lac, WI
support group
Aurora Health Center
210 Wisconsin American Drive
2nd Floor Meeting Room
2nd Monday at 10:00 a.m.
Contact: Cheryl Leonard at 920-477-5222
or Cathy Foster at 920-907-0117

exercise group
YMCA
90 W. Second Street
Tuesdays & Thursdays from
1:00 – 2:30 p.m. (fee associated)
Contact: Celia Crespo, PT, DPT, at
920-921-3330 x 337

Grafton, WI
exercise group
Form & Fitness
2020 Cheyenne Court
Tuesdays & Thursdays at 2:00 p.m.
(fee associated)
Contact: Teresa Steffen, PT, at
262-512-0206

Green Bay, WI
support group
Aging & Disability Resource Center
300 S. Adams Street
2nd Tuesday at 1:00 p.m.
Contact: Judy Bever at 608-754-5749

exercise group
SOL Fitness
4113 Whitney Street
Wednesdays from 9:00 – 9:45 a.m.
(fee associated)
Contact: Connie Udell at 608-302-7088

Kenosha, WI
support group
Brookside Care Center
3506 Washington Road
Southport Room
1st Wednesday at 2:00 p.m.
Contact: Julie Topolovec at 262-657-7276
or Dave Gourdoux at 262-694-6156

support groups • exercise groups
King, WI

**support group**
Wisconsin Veterans Home at King
422 Bell Avenue
4th Thursday at 1:30 p.m.
**Contact:** Michael Izzo at 715-252-2592

La Crosse, WI

**support group**
Gundersen Lutheran Hospital
1900 South Avenue
4th Tuesday at 2:00 p.m.
**Contact:** Julie Holzwarth at 608-782-7300

Madison, WI

**support group**
Asbury United Methodist Church
6101 University Avenue
3rd Thursday from 4:00 – 5:30 p.m.
**Contact:** 608-229-7628

**support group**
Madison Public Library
Sequoya Branch
4340 Tokay Boulevard
Meeting Room A
Last Monday at 7:00 p.m.
**Contact:** Hilary Blue at 608-298-7520

**caregiver group**
East Madison/Monona Coalition on Aging
4142 Monona Drive
1st Wednesday at 4:00 p.m.
**Contact:** 608-229-7628

**young-onset group**
St. Mary’s Hospital
700 S. Park Street, Room 1209
1st Thursday at 6:00 p.m.
**Contact:** 608-229-7628

**exercise group**
Bliss Flow Yoga
3527 University Avenue
Fridays from 2:00 – 2:45 p.m.
(fee associated)
**Contact:** 608-233-2577

**exercise group**
Harbor Athletic Club
2529 Allen Boulevard, Middleton
Multiple meeting days and times for PD
exercise, Zumba, PDGlee, PD in Motion
(fee associated)
**Contact:** 608-831-6500

**exercise group**
Madison Senior Center
330 W. Mifflin Street
Tuesdays at 10:30 a.m. (fee associated)
**Contact:** 608-266-6581

**exercise group**
UW Health Sports Medicine Center
Research Park Fitness Center
621 Science Drive
Tuesdays & Thursdays from 12:40 – 2:10 p.m. (fee associated)
**Contact:** Melissa Mattiota, PT, at 608-265-8303

Manitowoc, WI

**support group**
Manitowoc Senior Center
3330 Custer Street
4th Thursday at 1:30 p.m.
No meeting July or August
**Contact:** Vicki Rathsaek at 920-726-4626

**exercise group**
Aquatic Exercises, YMCA
205 Maritime Drive
Call for meeting times (fee associated)
**Contact:** 920-682-0341

**exercise group**
Holy Family Memorial Wellness Center
1650 S. 41st Street
Tuesdays & Fridays at 2:00 p.m. (fee associated)
**Contact:** Pamela Posvic, PTA at 920-320-4600

Marshfield, WI

**support group**
Wesley United Methodist Church
205 S. Maple Street
3rd Thursday at 1:00 p.m.
**Contact:** Marilyn Seidl-Kramer at 715-305-8224

**exercise group**
Pilates for Parkinson’s
Neuroscience Group
1305 W. American Drive
Mondays & Wednesdays at 4:15 p.m. (fee associated)
**Contact:** Kathy Hergert at 920-720-1617

Milwaukee, WI

**social group**
YPPT: Young Parkinson Professionals Together
Meeting dates and places vary; for the latest information, go to meetup.com/young-parkinson-professionals-together/or contact Bob Norman at 414-550-1031 or ypptbob@gmail.com

**exercise group**
Group Yoga Therapy (safe for those with PD)
Invivo Wellness
2060 N. Humboldt Avenue
Wednesdays from 9:00 - 10:30 a.m. (fee associated)
**Contact:** Tina Romenesko, PYT, RYT, at 414-265-5606

**exercise group**
Yoga for Parkinson’s
Milwaukee Yoga Center
3514 N. Oakland Avenue
Fridays from 1:30 – 3:00 p.m. (fee associated)
**Contact:** Susan Goulet at 414-332-3551

Minocqua, WI

**support group**
Ascension Lutheran Church
Highway 51 South
2nd Tuesday at 10:00 a.m.
**Contact:** Dennis Leith at 715-358-2207 or Norma Semling at 715-545-3414

Monroe, WI

**support group**
Monroe Clinic
515 – 22nd Avenue
3rd Saturday; call for time
**Contact:** Shelley Kimble-Welch and Steve Welch at 608-966-1398

Neenah, WI

**support group**
Neuroscience Group
1305 W. American Drive
2nd Floor Classroom
4th Thursday at 2:00 p.m.
**Contact:** Patrick Pelkey at 920-538-0144

**exercise group**
Pilates for Parkinson’s
Neuroscience Group
1305 W. American Drive
Mondays & Wednesdays at 4:15 p.m. (fee associated)
**Contact:** Kathy Hergert at 920-720-1617

New Berlin, WI

**support group**
Steeple View Senior Community
12455 W. Janesville Road
3rd Wednesday at 6:30 p.m.
**Contact:** Debra Haight at 262-989-9278

**exercise group**
Oconomowoc, WI

**support group**
Oconomowoc Memorial Hospital
791 Summit Avenue
3rd Friday at 2:00 p.m.
**Contact:** John Selix at 262-691-9495

**exercise group**
Pabst Farms YMCA
1750 E. Valley Road
Wednesdays & Fridays at 1:00 p.m. (fee associated)
**Contact:** Ashley Knuth, PT, DPT, at 262-567-7251
support groups • exercise groups

Oshkosh, WI

support group
Oshkosh Seniors Center, South Building
200 N. Campbell Road
3rd Tuesday at 2:00 p.m.
Contact: Carrie Ottum or Paula Seeley at 920-232-5300

support group
Bella Vista
631 Hazel Street
2nd Tuesday at 4:00 p.m.
Contact: Beth Waller at 920-233-6667

exercise group
Bella Vista
631 Hazel Street
Mondays & Fridays from 9:00 – 9:45 a.m.
Contact: 920-233-6667

Richland Center, WI

support group
Richland Center Community/ Senior Center
1050 Orange Street
4th Wednesday at 10:00 a.m.
Contact: Maureen Smith, PT, at 608-647-2623 or Jo Wenzler at 608-553-0200

St. Francis, WI

support group
St. Ann Center for Intergenerational Care
Adult Day Services Unit
2801 E. Morgan Avenue
3rd Tuesday at 1:30 p.m.
Contact: Hattie Goodman at 414-744-5654

Seymour, WI

support group
Good Shepherd Services
607 E. Bronson Road, Community Center
1st Tuesday at 1:30 p.m.
Contact: Lori Tesch-Janke at 920-538-2017 or Carol Janke at 715-752-4247

Shawano, WI

support group
Total Fitness
212 E. Green Bay Street
Mondays & Thursdays at 1:15 p.m.
(fee associated)
Contact: Jean Darling, PT, or Jamie Mursaw, PTA, at 715-526-2899

Sheboygan, WI

support group
Sunny Ridge Health & Rehabilitation Center
3014 Erle Avenue
3rd Tuesday at 2:00 p.m.
Contact: Louis Borth at 920-400-1336 or Kristine Barts at 920-889-2602

exercise group
Aurora Sheboygan Memorial Medical Center
2629 N. 7th Street
Tuesdays & Thursdays from
11:30 a.m. – 1:00 p.m. (fee associated)
Contact: Stacey Rooker, PT, at 920-451-5550

Sturgeon Bay, WI

support group
United Methodist Church
836 Michigan Street
1st Thursday from 12:30 - 2:00 p.m.
Contact: Carol Moellenberndt at 920-743-3476

exercise group
Door County YMCA, Sturgeon Bay
1900 Michigan Street
Tuesdays & Thursdays at 2:15 p.m.
(fee associated)
Contact: Carl Grota, PT, or Shawn Hanrahan, PTA, at 920-743-4949

Shell Lake, WI

support group
Northwest Wisconsin Parkinson’s Support Group
St. Joseph’s Catholic Church
201 N. Second Street, Lower Level
1st Thursday at 1:00 p.m.
Contact: Jolene Colburn at 715-255-0357

Spooner, WI

exercise group
LSVT® BIG and LOUD
Spooner Health System, Rehab Services
819 Ash Street
Call to schedule speech, occupational, and physical therapy (fee associated)
Contact: Danielle at 715-635-1272

Stevens Point, WI

support group
Lincoln Senior Center
248 W. Main Street
4th Wednesday from 1:30 - 3:00 p.m.
(No meetings in November or December)
Contact: Hollee Camacho at 608-873-8585

exercise group
PWR! fitness
Stoughton Area Senior Center
248 W. Main Street
Call for information; 6-week class with a
PWR! instructor (fee associated)
Contact: Hollee Camacho at 608-873-8585
or Richard Lornson at 608-712-3106

Stoughton, WI

support group
Stoughton Area Senior Center
248 W. Main Street
4th Wednesday from 1:30 - 3:00 p.m.
(No meetings in November or December)
Contact: Hollee Camacho at 608-873-8585
or Richard Lornson at 608-712-3106

Rhinelander, WI

support group
Oneida County Senior Center
100 W. Keenan Street
3rd Monday from 1:00 - 3:00 p.m.
Contact: Stephanie at 715-369-6170 or Norma at 715-545-3414

St. Francis, WI

support group
LSVT® BIG
Affinity Health System
Outpatient Rehabilitation Services
2700 W. 9th Avenue
Call for information (fee associated)
Contact: 920-236-1850

Richland Center, WI

support group
Richland Center Community/ Senior Center
1050 Orange Street
4th Wednesday at 10:00 a.m.
Contact: Maureen Smith, PT, at 608-647-2623 or Jo Wenzler at 608-553-0200

St. Francis, WI

support group
LSVT® BIG
Affinity Health System
Outpatient Rehabilitation Services
2700 W. 9th Avenue
Call for information (fee associated)
Contact: 920-236-1850

Stevens Point, WI

support group
Lincoln Senior Center
248 W. Main Street
4th Wednesday from 1:30 - 3:00 p.m.
(No meetings in November or December)
Contact: Hollee Camacho at 608-873-8585

exercise group
PWR! fitness
Stoughton Area Senior Center
248 W. Main Street
Call for information; 6-week class with a
PWR! instructor (fee associated)
Contact: Hollee Camacho at 608-873-8585
or Richard Lornson at 608-712-3106

Sturgeon Bay, WI

support group
United Methodist Church
836 Michigan Street
1st Thursday from 12:30 - 2:00 p.m.
Contact: Carol Moellenberndt at 920-743-3476

exercise group
Door County YMCA, Sturgeon Bay
1900 Michigan Street
Tuesdays & Thursdays at 2:15 p.m.
(fee associated)
Contact: Carl Grota, PT, or Shawn Hanrahan, PTA, at 920-743-4949

Shell Lake, WI

support group
Northwest Wisconsin Parkinson’s Support Group
St. Joseph’s Catholic Church
201 N. Second Street, Lower Level
1st Thursday at 1:00 p.m.
Contact: Jolene Colburn at 715-255-0357

Spooner, WI

exercise group
LSVT® BIG and LOUD
Spooner Health System, Rehab Services
819 Ash Street
Call to schedule speech, occupational, and physical therapy (fee associated)
Contact: Danielle at 715-635-1272

Stevens Point, WI

support group
Lincoln Senior Center
1519 Water Street
4th Tuesday at 1:00 p.m.
Contact: Ellen Grys at 715-343-6294

Stoughton, WI

support group
Stoughton Area Senior Center
248 W. Main Street
4th Wednesday from 1:30 - 3:00 p.m.
(No meetings in November or December)
Contact: Hollee Camacho at 608-873-8585

exercise group
PWR! fitness
Stoughton Area Senior Center
248 W. Main Street
Call for information; 6-week class with a
PWR! instructor (fee associated)
Contact: Hollee Camacho at 608-873-8585
or Richard Lornson at 608-712-3106

Sturgeon Bay, WI

support group
United Methodist Church
836 Michigan Street
1st Thursday from 12:30 - 2:00 p.m.
Contact: Carol Moellenberndt at 920-743-3476

exercise group
Door County YMCA, Sturgeon Bay
1900 Michigan Street
Tuesdays & Thursdays at 2:15 p.m.
(fee associated)
Contact: Carl Grota, PT, or Shawn Hanrahan, PTA, at 920-743-4949
Summit, WI
exercise group
Aurora Medical Center Summit
36500 Aurora Drive
Outpatient Rehabilitation Gym
Every Monday at 6:00 p.m. (free)
Contact: Ashley Knuth, PT, DPT, at 262-434-2600

Sun Prairie, WI
support group
Colonial Club Senior Center
301 Blankenheim Lane
Therapy Room
4th Monday at 1:00 p.m.
Contact: 608-229-7628
caregiver group
Verona Senior Center
108 Paoli Street
3rd Tuesday at 10:30 a.m.
Contact: Becky Losby at 608-845-7471

Wausau, WI
support group
Aging and Disability Resource Center
1000 Lakeview Drive, Wellness Room
3rd Tuesday at 12:30 p.m.
Contact: Lucy Harvey at 715-848-3545

Whitefish Bay, WI
support group
Jewish Community Center
6255 N. Santa Monica Boulevard
Room 1M50
2nd Wednesday from 3:00 – 4:30 p.m.
Contact: 414-805-8326
caregiver group
Jewish Community Center
6255 N. Santa Monica Boulevard
Room 3J15
2nd Monday from 10:30 a.m. – Noon
Contact: Miriam Oliensis-Torres at 414-963-2600

Verona, WI
support group
Verona Senior Center
108 Paoli Street
3rd Friday at 10:00 a.m.
Contact: Becky Losby at 608-845-7471
caregiver group
Verona Senior Center
108 Paoli Street
3rd Tuesday at 10:30 a.m.
Contact: Becky Losby at 608-845-7471

caregiver group
San Camillo, 10200 W. Bluemound Road
4th Monday at 1:30 p.m.
Contact: Mitchell Smith at 262-796-1935

Waukesha, WI
exercise group
Waukesha Family YMCA
320 E. Broadway
Mondays & Thursdays at 1:00 or 1:30 p.m.
(fee associated)
Contact: Kristine DeKarske, PT, at 262-542-2557

Wauwatosa, WI
young-onset group
Community Conference Center
8700 Watertown Plank Road
Lower Level, east side of WAC
3rd Wednesday from 6:30 – 8:00 p.m.
Contact: 414-805-8326
caregiver group
Community Conference Center
8700 Watertown Plank Road
Lower Level, east side of WAC
2nd Saturday from 1:00 – 2:30 p.m.
Contact: 414-805-8326

West Allis, WI
support group
Aurora West Allis Medical Center
8901 W. Lincoln Avenue, Meeting Room 1
4th Tuesday at 7:00 p.m.
Contact: Dale & Ellen Jante at 262-492-2439,
Judy Tharman at 262-691-7342, or
Mary Donovan at 414-817-0192

West Bend, WI
support group
Cedar Ridge Retirement Campus
113 Cedar Ridge Drive
3rd Monday at 1:00 p.m.
Contact: Kathy Stultz at 262-338-2821

West Bend, WI
exercise group
Parkinson’s Dance Class
Jewish Community Center, Studio B
6255 N. Santa Monica Boulevard
Every Friday from 2:15 – 3:30 p.m.
(fee associated)
Contact: Susanne Carter at 414-871-1523

Whiteford, WI
support group
Kettle Moraine YMCA at River Shores
705 Village Green Way, Suite 201
Tuesdays & Fridays at 2:00 or 2:30 p.m.
(fee associated)
Contact: Beth Dieringer, PT, or Anne Langenfeld Smith, PT, at 262-247-1050

Wisconsin Parkinson Association
The Network, winter 2015
We are grateful to the following donors for their support of those living with Parkinson disease. This list reflects gifts received from October 18, 2014 to January 9, 2015; contributions of $250 or more are shown. While space considerations hinder our ability to list all donors, please know that we deeply appreciate every gift. Tribute gifts appear collectively under the name of the honored or memorialized person.

**$2,500 or more**
- Fall Parkinson Ride in Memory of LaVern McCaville and Marvin Emberson
- Ladish Co. Foundation
- Ken and Carol Muderlak
- Punt Parkinson’s with the Packers
- Ritzow Family Foundation
- Thanksgiving Benefit Dance & Fundraiser in Memory of Shannon Hall

**$2,499 to $1,000**
- AXA Foundation
- Community Health Charities
- Richard Cosentino
- GE Foundation Matching Gift
- Robert Godbarsen
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- James and Yvonne Zierner

**$999 to $250**
- Barbara Anderson
- Benevity Community Impact Fund
- Faircrest Association Health Fund Drive
- Tereasa A. Gandhi & Brad C. Lawson Charitable Gift at Schwab Charitable Fund made possible by Charles Herbert Koenig and Jack Caldwell
- James and Ann Gardner
- Give with Liberty/Employee Donations
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- Jewish Community Foundation/Dr. Ervin & Rita Teplin Family Donor Advised Fund
- Leeds Township Charities Fund
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- Mark and Virginia Wooster
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- Zimmer Thomson Associates, Inc.

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- Craig Barbian’s birthday
- Bob DeMotts
- Georgiana McGinnis
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- Mary Ruth Verhagen
The Network is a publication for persons with Parkinson disease, their families and friends, and any interested individuals and groups in the Midwest. It is published by the Wisconsin Parkinson Association in cooperation with the Regional Parkinson Center.

Information provided concerning medical diagnosis, treatment, and research is not intended to answer individual problems but to report and explain current information about Parkinson disease. Feel free to contact the office if you have any questions. You should always ask your physician about specific treatment issues.

Wisconsin Parkinson Association
1-800-972-5455
Website: www.wiparkinson.org
Email: mail@wiparkinson.org

Kate McDonald, M.B.A.
President, Board of Directors

Jeanine Bly, B.S.W., M.B.A.
Executive Director, WPA
jeanineb@wiparkinson.org

Raven Hamilton
Administrative Services Manager
ravenh@wiparkinson.org

Juliette Hayes
Communications Manager
julietteh@wiparkinson.org

Jeremy Otte
Director of Outreach & Education
jeremyo@wiparkinson.org

Paul A. Nausieda, M.D.
Regional Parkinson Center
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For more information about membership with the Wisconsin Parkinson Association, please call Juliette Hayes at 414-219-7060 or visit www.wiparkinson.org.