



WISCONSIN
PARKINSON
ASSOCIATION



A LOOK BACK AT:

32nd Annual Parkinson Disease Symposium

06.22.18

Inside this issue:

Meet Laurie!

page 4

**Fall Prevention and
Safety Strategies**

page 9

Ask the Doctors

page 14

the | NETWORK

SUMMER 2018

Table of Contents



Ask the Doctors

14

Taylor Finseth, MD
Ryan Brennan, DO

- 3 Letter from the Executive Director
- 4 Meet Laurie!
- 5 2018 Parkinson Disease Symposium

6

**Cognitive &
Psychological Changes
in Parkinson Disease**

- 8 Caring for the Caregiver: Filling Your Own Vessel
- 9 Fall Prevention and Safety Strategies
- 11 The Significance of Exercise in Parkinson's
- 12 Caregiver Panel
- 13 Driving Safety and Assessing Abilities
- 17 We've Moved
- 18 Support Groups & Exercise Groups
- 19 WPA News

Credits

The Network is a publication for people with Parkinson disease, their families and friends, and any interested individuals and groups. It is published by the Wisconsin Parkinson Association.

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. You should always ask your physician about specific treatment issues.

If you do not receive *The Network* quarterly, join our mailing list at wiparkinson.org. You will receive this magazine, as well as periodic information about educational events, support & exercise groups, and other resources in your area. This magazine is funded by your donations. Your support helps those living with Parkinson disease by allowing us to enhance and expand our services to them and their families. For more information, visit wiparkinson.org.

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Letter from the Executive Director



Gary Garland
Executive Director

**Welcome to the summer
2018 edition of
The Network magazine!**

I hope you were one of the nearly 400 people who attended our 32nd Annual Parkinson Disease Symposium on June 22 – our biggest & best ever! After talking to so many of you, if you were there I trust that you walked out invigorated and informed! But, if you missed it, do not fret – the majority of this issue is dedicated to a thorough recap of this special day including overviews of the two main sessions and all six breakout sessions written by those who presented that day!

Special thanks to those presenters – we could not have offered such a great program without the generous gift of their time and expertise. And on the subject of generosity, thanks as well to all of the day's sponsors and vendors who made it possible.

Finally, please take a minute to read about Joe & Patty Schlicher – this year's Tulip Award recipients. Wisconsin Parkinson Association's Tulip Award was created in 2009 to recognize a worthy individual, couple, or family who have shown through their actions a dedication and commitment toward helping people with Parkinson disease. It is impossible for words to fully show what special people Joe & Patty are – that comes only through the blessing of meeting them in person. However, after you read about them on page 19, I hope you'll get a glimpse of how lucky all of us are to have them on our team.

I wish you and all those you love a great rest of the summer! As always, reach out to me with any feedback and thoughts on WPA's work.

Thanks,
Gary
garyg@wiparkinson.org

*(Shown below)
A few snapshots from the
32nd Annual Parkinson
Disease Symposium*





MEET LAURIE!

Laurie Couillard joined WPA in June as director of group engagement. We have enjoyed getting to know her over the last month and a half, and are excited about the work she is doing with our support and exercise groups!

WHAT'S YOUR BACKGROUND?

Laurie: I came to WPA from Aurora Health Care, where I was Manager of Community Education, Community Outreach, Volunteer and Wellness Services for the Southeast Market, which included Kenosha, Racine and northern Illinois.

In overseeing these departments, my role involved planning, coordinating and overseeing worksite wellness events, patient education classes, implementation of support groups, and health education seminars. I was responsible for mobilizing volunteers for assistance with various community events and roles in the health care setting.

I have a BS in Health and Wellness Education, and I am a certified Wellness Program Manager. I am passionate about bringing health education to the community, and empowering others to be proactive in their own health so that they can live life to the fullest potential!



Our 125 lb. bull mastiff rescue pup, Bailey.

WHAT WILL YOU BE DOING AT WPA?

Laurie: My role is to oversee all support and exercise groups across the state, reaching out to the PD community and visiting with members to learn more about the needs,

successes and concerns of each group, and assessing ways we can best support those with PD and their loved ones. My role also involves partnering with caregivers across the state to share concerns and successes specific to their roles.

My role will evolve as we continue to work toward strengthening current programs and implementing programs in areas that may have a lack of support for persons with Parkinson's. I also look forward to bringing new programs to the PD community. And, as each group shares what is going well and where they would like to have more support, I will be a partner, working with them to help keep these groups strong and meaningful through the many resources WPA has to offer – so that we are moving forward together!



Together as a family, and in memory of my dad, every July we participate in a 150 mile weekend bike ride to fight cancer. We are truly inspired by all the courageous people we meet and ride with along the way!

WHAT ARE YOU MOST EXCITED ABOUT?

Laurie: I am excited to continue building partnerships with the many support and exercise groups in Wisconsin, learning more about the dynamics of each group, and listening to their inspiring stories of strength and determination in battling this disease every day! I am looking forward to working together to bring new information, resources and programs to help them manage their PD, and continue to empower them to move forward to live life to the fullest in spite of Parkinson disease.

continued on page 15

2018 Parkinson Disease Symposium

“This was my first Parkinson’s Symposium and introduction to the disease overall. It was very informative and educational.”

8 different sessions
on topics relevant to people with PD
and their caregivers

“My understanding of PD was definitely increased. I thought the presentations were most informative.”

**32 Support Group
Facilitators representing
22 groups around the state**

375 attendees from
88 cities in **4** states

2 breakout sessions on exercise,
plus PD Dance and LSVT BIG getting
375 people up and moving
before their next session!

“Great Symposium.
Well organized,
knowledgeable
speakers. Thank you
for the free admission
and food!!! Resource
fair covered many
areas and I found some
interesting resources.”

“This has been the
most significant
program that we
have ever attended.”

“The whole Symposium was excellent from
beginning to finish! It was one of the best I
have attended. Loved the breakout sessions.”

forty-five
sponsors and vendors
supporting WPA’s work & sharing
their resources with attendees

7 HOURS
of education and
networking

“This was the most informative, best
organized and enjoyable Symposium I have
attended. I look forward to next year.”

\$0
charged to attend for
the first time



Cognitive & Psychological Changes in Parkinson Disease

By **Nichelle Rothong, PhD**, Neuropsychologist, Aurora Neuroscience Innovation Institute



As a licensed psychologist who specializes in neuropsychological evaluation, **Dr. Rothong** provides comprehensive neuropsychological evaluation, cognitive rehabilitation, psychotherapy, and inpatient consultation and liaison services. She received an MS in counseling from Syracuse University, and a PhD in counseling psychology from Marquette University.

Parkinson disease is a chronic, progressive neurodegenerative movement disorder. Cardinal symptoms of PD include resting tremor, bradykinesia, and rigidity. A recent revision of PD diagnostic criteria removed postural instability as the fourth hallmark symptom, though many individuals experience this symptom. Other classic signs of PD include masked faces (lack of emotional expressivity), hypophonia (soft speech), micrographia (small or progressively small handwriting), shuffling gait, and dysphagia (difficulty swallowing). The disease is estimated to affect 100 to 200 per 100,000 individuals. The incidence increases with age and men are one and a half more times likely than women to develop PD.

Cognitively, PD is characterized by frontal-subcortical dysfunction. This means that individuals with PD may have difficulty paying or sustaining attention, processing information quickly, reasoning, thinking flexibly, organizing and planning, and retrieving information like recent conversations or events. They may also experience visuospatial deficits and language changes. At the onset, memory dysfunction in PD is typically less severe than that observed in Alzheimer's disease and usually presents with a pattern of retrieval deficits (e.g., an individual cannot freely recall the most recent episode of their favorite television show but benefits when someone provides them with reminders about what occurred). However, as cognitive deficits progress in PD, the severity of memory impairment may reach the level seen in Alzheimer's disease.

Cognitive deficits in PD typically fall into one of two categories: Parkinson Disease Mild Cognitive Impairment (PD-MCI) or Parkinson Disease Dementia (PDD). PD-MCI is characterized by a gradual decline in cognitive functioning, more so than would be expected with normal aging, without related functional deficits (e.g., the individual is still able to independently manage their finances and medications successfully). Research suggests that approximately 27% of individuals with PD meet criteria for PD-MCI. Although a wide range of cognitive abilities may be affected in PD-MCI, most commonly, impairment occurs in a single cognitive domain other than memory, such as executive functioning (planning and organizing).

Compared to PD-MCI, PDD involves a slowly progressive, significant decline in more than one aspect of cognition that leads to functional impairment (e.g., the individual can no longer independently manage their medications or finances, is becoming lost while driving to familiar locations, needs reminder prompts to complete basic activities of daily living like bathing or eating). Research has found that age is the greatest risk factor for developing PDD. Additional risk factors that can contribute to the development of dementia in PD include postural instability and gait disorder phenotype, disease duration, facial masking at presentation, past or comorbid depression. Studies following the same group of individuals with PD over time have found that approximately 50% develop PDD after 10 years. Results from the Sydney Multicenter

Study of PD indicate that more than 80% of individuals with PD develop dementia after 20 years. Individuals with suspected PDD are encouraged to complete thorough medical, neuropsychological, and, if deemed necessary, psychiatric workups to explore other potential contributors to cognitive decline, such as delirium, infection, and sleep disturbance. Prescription and over-the-counter medications should also be reviewed with a treating health care provider to determine whether any medications may be impacting cognitive, emotional, or behavioral functioning.

Psychologically, mood disturbance is common in PD. Depression has been found to occur in 40 to 50% of individuals with PD, with similar rates reported for anxiety. Some individuals with PD may experience severe anxiety or panic attacks during “off” periods. Hallucinations also frequently occur in PD, with reported rates as high as 65% in PDD. Visual hallucinations are experienced more often than auditory hallucinations; the majority of visual hallucinations are well-formed and complex. Medications that may be prescribed to help manage PD symptoms can cause hallucinations, as well as other behavioral and mood changes. Apathy and impulse control difficulties can also be observed in PD. Various treatment modalities are available

.....
“ Depression has been found to occur in 40 to 50% of individuals with PD, with similar rates reported for anxiety.”
.....

to treat changes in mood and behavior that can be observed in PD, such as medications, psychotherapy, exercise, sleep hygiene strategies, and peer support groups.

In closing, individuals with PD who are displaying changes in cognition, mood, or behavior are encouraged to inform their health care provider of these changes so that necessary tests are conducted, accurate diagnoses are made, and treatment options are explored. Neuropsychological evaluation is also often helpful in determining the nature and severity of such changes, recommending cognitive compensatory strategies, and discussing the importance of planning for the future. 🌱



CARING FOR THE CAREGIVER: Filling Your Own Vessel



By **Ruth Busalacchi**, Certified Senior Advisor and President/Owner of SYNERGY HomeCare

Inspired by personal experiences as a family caregiver, **Ruth Busalacchi** now owns SYNERGY HomeCare. Ruth has many years of experience in social and residential services, including in licensing and operations for group homes. She earned her degree from Concordia University in Business Management and Human Resources.

Care Partners come in many forms: someone who provides emotional support; someone who advocates for another; or someone who provides hands-on help. Despite all of the love and commitment that goes into the partnership, it's been long recognized that being a Care Partner is stressful. Chronic stress often leads to emotional and physical illness for the well-intentioned Care Partner.

In this breakout session, Care Partners were offered the opportunity to identify where they may be feeling stressors in their life, knowing that each person is unique and each person's circumstances are different at any snapshot of time in their lives. We accomplished this with an exercise where each Care Partner had a water bottle filled with water and an empty glass. Each Care Partner emptied water from the bottle into the glass if they felt stress related to any of the topics listed below. The amount of water emptied into the glass depended upon the individual's level of stress for that task.

➤ **Physical Stress:** helping your loved one during the night; helping them dress, walk, transfer, or eat; making all of the meals; doing yard work and other household chores your loved one used to do.

- **Emotional stress:** sharing updates with your family and friends; avoiding social events; responding to unwanted advice; repeating yourself throughout the day because your loved one has anxiety related to their Parkinson disease.
- **Stress related to the loss of the original partnership:** making important decisions without your partner's input; paying bills; coordinating family functions.

At the conclusion of the exercise, the Care Partners were asked to evaluate how quickly their water bottle, or "Vessel," was emptied of water. Then they were asked: "What are you doing to refill your Vessel?"

The discussion then focused on tips and ideas to refill one's own Vessel. Some of those tips were:

- Asking a friend or family member to provide respite by visiting your loved one regularly so you can take a nap, weed the garden, play cards with friends, etc. (Even visits from grandchildren sharing what they've been doing can help).

continued on page 15



Ruth shared some ways to care for ourselves. We can't effectively care for others if we aren't caring for ourselves.



FALL PREVENTION and SAFETY STRATEGIES

By Kiersten Kirking, PT, Aurora Health Care

For those with Parkinson disease, suffering a fall is a very real concern. In this breakout session, attendees learned that they are two times as likely to fall if they have Parkinson's compared to others of the same age, and there are several common characteristics of PD that contribute to falls.

Bradykinesia is a symptom that causes you to move and walk very slowly. This makes it challenging to move quickly enough to correct for a loss of balance. Rigidity, or stiffness, can make it more challenging to move your joints in a fast and efficient way. It is common for those with PD to take short, shuffling steps, which makes you more prone to tripping over your feet or objects on the ground. In advanced Parkinson's, it is possible to experience freezing during mobility. This is a sudden loss of sensation in which you feel like your feet are glued to the floor, rendering you unable to correct your balance if you become unsteady.



Participants enjoyed the presentation on fall prevention and safety strategies, presented by Kiersten Kirking, PT.

There are several strategies you can utilize to improve your mobility. When standing up from a chair, always keep a wide base of support and lean forward as you stand up, rather than leaning backwards against the chair. When walking, try to take longer steps and land on your heel, rather than a flat foot. If you experience freezing, you can listen to music or clap and try to match your steps to the beat. You can also visualize something on the ground and try to step over it.

Kiersten Kirking is a physical therapist at the outpatient neurorehabilitation department of Aurora St. Luke's Medical Center. She received her doctorate of physical therapy from Marquette University, and is certified in LSVT BIG.

When people with Parkinson's do suffer a fall, it most commonly occurs in their home. There are several modifications you can make to your home to decrease your risk of falls:

- Keep your floors free of clutter, cords, and unnecessary throw rugs.
- Install railings beside your stairs or front entry steps.
- Be sure all areas of your home have good lighting that is easy to turn off and on.
- Keep frequently used items in your closets or cabinets in easy to reach places.
- Consider purchasing grab bars, a tub bench, or a raised toilet seat if you have had falls in the bathroom.

If you continue to fall despite modifying your home, you may benefit from a walking device, such as a cane or walker. There are new and effective Parkinson's-specific gait devices that include an attached laser or metronome to improve your mobility during a freezing episode.

You can take a proactive role in improving your balance by being more physically active. There is a quickly growing body of research that suggests that your balance can be improved by tai chi, boxing, dance, yoga, and physical therapy. When deciding on a new exercise routine, it is important to choose one that is meaningful to you, safe, affordable, and accessible. 🍷



EXERCISE PANEL

Elizabeth Dieringer, PT, Aurora Health Care

Kelly Gerl, MPT, Aurora BayCare Medical Center

Mary Spidell, Franklin Recreation Department

Elizabeth (Beth) is certified through the NSCA as a Strength and Conditioning Specialist, and as an LSVT BIG practitioner for Parkinson disease. She collaborates with the Kettle Moraine YMCA to offer a specialty exercise class in West Bend for individuals with Parkinson disease.

Kelly is a physical therapist at Aurora BayCare Medical Center in Green Bay who has specialized in balance and dizziness for the past 14 years. She is LSVT BIG certified and trained in PWR!, as well as Rock Steady Boxing. Kelly also facilitates a support group at Aurora BayCare.

Mary has been teaching Parkinson's exercise classes for over 10 years. She created the Parkinson's exercise class at the Wisconsin Athletic Club and has also brought Parkinson's exercise classes to various recreation departments.

One of the morning breakout sessions was an exercise panel. Each presenter talked about the style of the classes they teach, and they were able to go through some of the exercises. The session ended with a question and answer session with the panelists.

Mary Spidell is certified in Parkinson's exercise through Columbus Health Works, based on the exercise program titled "Delay the Disease," and she has been teaching Parkinson's exercise for over 10 years. Mary teaches through the Franklin Recreation Department. The fitness levels and ages of the members in the class vary – they accommodate everyone's needs. Class begins with a walking, warm-up program then moves into stretching, and each class focuses on flexibility, strength, and functional exercises. Attendees dance, practice safe walking drills, and even box with each other! They also focus on their voices which includes counting loudly. Exercises are done standing, sitting, and on the floor. The class is not only an exercise group but it is a support group, too. Members of the class have made lasting friendships!



CLASS DETAILS:

Mondays and Wednesdays at 10 am at Robinwood Elementary School in Franklin. In the fall, the classes are on Wednesdays at 4 pm at Franklin High School.



CLASS DETAILS:

Tuesday and Friday afternoons at West Bend Rivershores YMCA.

Prior to registration in the class, participants are screened by the instructors and are encouraged to observe a class.

continued on page 16

THE SIGNIFICANCE OF EXERCISE IN PARKINSON'S

By **Ceilia Maccani, PT, DPT**, Froedtert South



Ceilia is a physical therapist at Froedtert South Hospital in Kenosha where she specializes in working with the neurological population. She helps run a Parkinson's exercise class at Froedtert South and is a big promoter of using exercise to take charge of Parkinson's.

In this breakout session, participants learned about changes that occur in the brain and the resulting symptoms that occur with Parkinson disease. They also learned more about the multiple health benefits of exercise and were introduced to research that supports exercise in PD. Attendees left with the tools to develop a plan to get started with an exercise routine incorporating important principles to enhance brain change. The many community resources and exercise programs available for engaging in Parkinson's-specific exercise activities were discussed. Attendees also participated in a demonstration of Parkinson's-specific exercises.

The loss of dopamine in PD can lead to both motor and non-motor symptoms, including tremor, stiffness, slow movements, cognitive changes, and balance difficulties. There are a variety of ways to combat these symptoms, one being exercise. Exercise can result in neuroplasticity, or brain change, as well as neuroprotection, which prevents further loss of dopamine in the brain.

Research has demonstrated that exercise acts as a natural "medicine" that can activate the same areas of the brain as medication. For that reason, exercise is a valuable adjunct to medication in the treatment of Parkinson's. Not only can exercise help improve PD symptoms, it can delay the tolerance effects of medication. It can also slow PD progression, prolonging functional mobility and independence. On the other hand, it has been shown that being sedentary may actually result in further disease progression. Therefore, it is recommended to begin exercising as soon as possible.

An exercise program that will have the most benefit for an individual with PD should include multiple components to enhance neuroplasticity. An emphasis on big and powerful movement is an important element to counteract the small and slow movement that can develop with PD. Also, any exercise regimen should be tailored to your specific needs, making it more meaningful and to help hold you accountable in continuing with the program. Intensity is another crucial component of an exercise routine to improve changes within the brain. In the words of Sarah King, a physical therapist, "if it is not challenging you, it is not changing you."



Many exercise classes incorporate a variety of movement options, including components of LSVT BIG, Rock Steady Boxing, and Dance for PD.

As Parkinson's progresses, cognitive deficits can become more prominent and doing two things at once (walking and talking) becomes difficult. Therefore, adding cognitive tasks into exercises can also provide an added benefit to keep the brain sharp. Lastly, exercise should be fun and socially engaging to encourage continued participation.

Many exercise programs have been developed specifically for PD, including LSVT-BIG, PWR, Rock Steady Boxing, and Dance for PD. These programs incorporate specific exercise recommendations to aid in the fight against PD. Group exercise is a great way to incorporate all the specific components that make exercise effective.

Exercise has amazing overall benefits that can empower individuals to take control over PD. Don't know where to start? Talk with your neurologist or a physical therapist for exercise recommendations that are tailored specifically for you. **A listing of local exercise groups can be found on at wiparkinson.org.** 

CAREGIVER PANEL

Ruth Busalacchi, Certified Senior Advisor and President/Owner, SYNERGY HomeCare

Elyse Shaw, MSW, CAPSW, Director of Social Services, Senior Planning Group

Inspired by personal experiences as a family caregiver, **Ruth Busalacchi** now owns SYNERGY HomeCare. Ruth has many years of experience in social and residential services, including in licensing and operations for group homes. She earned her degree from Concordia University in Business Management and Human Resources.

Elyse Shaw is the Director of Social Services for Senior Planning Group. Senior Planning Group, founded by Barbara Horstmeyer, provides private Case Management services.

In this breakout session, attendees had an open forum to discuss questions, ideas, and frustrations. Much of the discussion centered on Medicare guidelines, funding, and Care Partner support. Here are some take-aways shared by attendees:

- Accepting professional help is essential to the health and well-being of the Care Partner.
- Hospice is a great source of help, education, and additional funding. A doctor must authorize Hospice care, but it can be ended if the patient improves or stabilizes. Hospice can be provided in the home or in a facility.
- Respite care is essential to maintain the health and well-being of the Care Partner. Respite comes in many forms and can be provided in the home or in a variety of other settings.

According to the professionals from Interfaith Older Adult Programs who were in attendance, funding for respite is available in the form of a grant in every county in Wisconsin. Contact your local Aging & Disability Resource Center for information and eligibility.



Attendees gained tips, and had an opportunity to talk through some questions and ideas.



The following questions should be considered when hiring a professional from an agency:

- Does the agency conduct reference checks and criminal background checks?
- Are the caregivers the agency's employees or does the agency subcontract with another provider?
- What is the experience and training of the agency's employees?
- Does the agency have liability and workers' compensation insurance?
- What happens if the agency's employee cannot work as scheduled?
- What is the policy if you are unhappy with a caregiver's performance?

It was pointed out that a great majority of financial exploitation can occur with privately hired caregivers (caregivers that are not employees of an agency). If you choose to hire privately:

- Consider additional homeowners insurance in the instance of an injury, loss, or damage to property.
- Consider running a criminal background check and check references.
- Will the private caregiver pay income taxes?
- What happens if the private caregiver cannot work as scheduled?

continued on page 16

Driving Safety and ASSESSING ABILITIES

By **Bill Reinhard, OT**, Froedtert & the Medical College of Wisconsin

For people with Parkinson disease and their caregivers, the question about how long you can, or should continue to drive is a question asked repeatedly. As you get older and your Parkinson disease advances, your abilities can change. Driving is a symbol of our independence, and these questions are very difficult, so this was a topic for one of the breakout sessions.

To properly address your driving abilities, you need to consider changes within your sensory, thinking, and motor skills. Have you noticed changes in your peripheral vision or concerns when driving at night? As we age, we need more light to see and colors become more difficult to see. Both of these can impact our depth perception, which is of great concern when driving. Our hearing also changes as we age. We may not react to auditory cues as we have in the past. Another issue to consider is changes in reaction time. The driver's ability to notice or respond to changes in speed can lead to increased risk of accidents or other issues.



Some red flags to consider:

- You feel less comfortable or nervous when driving.
- You have recently received a number of tickets or warnings.
- It has become difficult to see the side of the road or road signs.
- You need assistance or direction from passengers.
- Family and friends don't want to drive with you.



Bill is an occupational therapist at Froedtert Hospital in Milwaukee where he specializes in neurological diagnoses, including stroke, traumatic brain injury, and chronic progressive neurologic conditions such as Parkinson's disease.

If these issues are affecting you and your ability to drive, your physician may refer you to have your driving skills screened by an occupational therapist. This may be due to driving infractions, concerns from your family, or concerns you have raised with your physician.

The screening will test your reaction times, visual recognition, and spatial testing. It will assess your ability to change lanes, depth perception, vision, and other skills. In addition, a clinical assessment will test your range of motion in arms and neck, as well as strength in arms and legs.

Along with the clinical assessment, you may be referred for a behind the wheel assessment. This is the gold standard for assessments and is done by an adaptive driving specialist. They perform an assessment and then share results with your referring medical provider. The medical provider will then determine if you are able to continue driving, or if you may need further assistance with any problem areas that arose during your assessment.

The key is, there are resources for you to show you are still able to drive and do so safely. Talk with your family and physician if there are concerns. You can go for an assessment and address any concerns that may have arisen as your Parkinson disease has progressed. 🌿

Ask the Doctors

Taylor Finseth, MD,
Aurora Neuroscience Innovation Institute

Ryan Brennan, DO,
Froedtert & the Medical College of Wisconsin



Dr. Taylor Finseth is a movement disorder specialist at Aurora St. Luke's Medical Center where he provides management of movement disorders including Parkinson disease, tremor, dystonia, and deep brain stimulation programming and performs botulinum toxin (botox) injections for dystonia and other conditions.

Dr. Ryan Brennan completed his residency in Neurology at the Medical College of Wisconsin, after which he completed a two-year fellowship in Movement Disorders at the University of Nebraska Medical Center. He recently moved back to Milwaukee and is now member of the Medical College of Wisconsin Department of Neurology.

Throughout the day, attendees submitted questions to "Ask the Doctors." In the closing session, Dr. Finseth and Dr. Brennan answered as many questions as they could. We will continue to ask our Medical Advisory Committee for answers to your questions – watch future issues for more!

Does the age of the patient matter for Deep Brain Stimulation surgery?

Dr. Brennan: Age does play a role when considering DBS surgery as a therapeutic option for PD. But there is no set limit on age when someone can no longer have this surgery. However, people of older age (especially 80 years or older) are at higher risk of surgical complications. Also people of older age more commonly begin to have issues with memory, which may exclude DBS for them. What is perhaps more

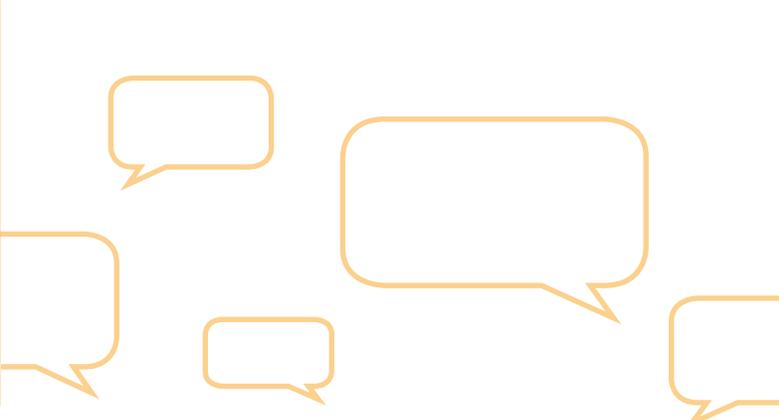
important is to consider a person's overall physical and mental health status when deciding if DBS is an appropriate treatment option for them.

Is memory loss a result of the Parkinson's, medications, or both?

Dr. Finseth: Both PD and medications can cause memory loss. The medication most likely to cause memory loss is trihexyphenidyl (Artane) which is typically used for tremor or stiffness. Other medications can impact thinking but would generally be less specific to memory and these are: amantadine (used for dyskinesia or tremor, can cause cloudiness or hallucinations), dopamine agonists (used for slowness, stiffness, and tremor but can cause drowsiness, and cloudiness), clonazepam (used for REM sleep behavior disorder or anxiety but causes drowsiness, cloudiness or memory issues).

PD also can cause memory loss or other cognitive issues without any medication effect. The degree to which PD impacts thinking varies for each individual and can have mild, moderate, or severe impact. Generally, the impact on thinking increases with increasing disease duration and age. It's estimated that 80% of patients will eventually have enough cognitive impairment to classify as dementia. PD Dementia generally tends to cause problems within cognitive areas like executive functioning (planning and organizing), attention, visual tasks, and memory. In people with PD Dementia, medications with potential cognitive side effects should be used cautiously.

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What good news is there for Parkinson's patients right now?

Dr. Brennan: There are two main things that give me hope and optimism for patients with PD today. First, the number of different treatment options has increased significantly over the last few years. These options have led to further improvement in symptom control and quality of life for many patients. Second, there is currently a large amount of research that is either ongoing or being planned that is looking for treatments that may have the ability to slow the progression of the disease.

Dr. Finseth: There are several things that are good news for Parkinson's patients that have developed over the last decade. Treatments to improve movement symptoms consistently throughout the day have greatly advanced, including improved deep brain stimulation technology, levodopa intestinal infusions, extended release formulations of levodopa and amantadine, plus there is likely more to come in these areas. In addition, new treatments are available for some non-motor symptoms including hallucinations and overactive bladder. There has also been an explosion of community resources to stay active and exercise, as well as advances in therapy techniques that have brought real improvement to the PD community. While we are all waiting on a proven therapy to slow or stop the disease, it is certainly good news to know that we have some of the smartest researchers in the world working on this cause and some excellent foundations raising money for this cause. Several insights have been made about how proteins accumulate in PD, what genes impact PD and how the immune system impacts PD that will hopefully be the key to stopping PD in its tracks. 🌱

continued from page 4



MEET LAURIE!

TELL US ABOUT YOUR FAMILY AND LIFE OUTSIDE OF WORK.

Laurie: My family is my pride and joy, and they truly inspire me every day with their determination and love of life! We live in Caledonia, where my husband Darren, owns a tile company. We love spending time outdoors and traveling to visit our 3 grown children in various parts of the country.

Music and exercise play an important part in our family, both for recreation and in maintaining quality of life in all aspects, physically, socially, emotionally, and intellectually, and I strive to help others understand the importance of both in living a healthy, happy life!

Contact Laurie at lauriec@wiparkinson.org or 414-312-6990. 🌱

continued from page 8

CARING FOR THE CAREGIVER: Filling Your Own Vessel

- ▶ Letting family and friends know that bringing over a home cooked meal once a week would be a great help to you and your partner.
- ▶ Asking family, friends, or neighbors to call you whenever they are heading to the store to see if you need anything.
- ▶ Asking a neighbor to put out and collect your trash cans each week.
- ▶ Allowing professional caregivers to help in the respite role by participating in day programming or utilizing in-home help.

Each Care Partner was asked to write the tips down and keep them in their wallet or purse. They were then tasked with taking out the list the next time someone asks them: "What can I do to help?"

Each Care Partner was also encouraged to keep the Water Bottle/Vessel as a reminder to ask themselves:

"What did I do today to refill my own Vessel?" 🌱

EXERCISE PANEL



Exercise is one of the best ways to manage Parkinson's symptoms.



Kelly Gerl and the team at Aurora BayCare Medical Center in Green Bay offer a comprehensive and fun exercise program for people with Parkinson disease and their care partners. The exercise group started after the therapy staff began treating patients with the LSVT BIG & LOUD program. They were looking for a way to maintain the exceptional gains patients made in therapy, so the fitness class was born! The class is led by two PWR! Trained exercise experts and a physical therapist assistant with specialized training in PD. This past May, they also launched a Dance for Parkinson's class lead by a PTA and dance instructor. 🍷



EXERCISE CLASS DETAILS:

Mondays, Wednesdays and Fridays from 10-11 am at Aurora BayCare Medical Center in Green Bay. Pace and intensity gets more challenging as the week goes on – so Monday is our gentlest class and Friday is the most rigorous. The group offers exercise, and also support and socialization.



DANCE CLASS DETAILS:

Wednesdays from 10-11 am at Aurora BayCare Medical Center in Green Bay.

CAREGIVER PANEL

- What is the plan if you are not satisfied with the performance of the private caregiver? How do you end the working relationship?

Medicare guidelines overview of rehab stays and discharges:

- Even though your loved one may not be fully recovered, if their rehab plateaus, Medicare coverage for rehab will not continue and the facility will provide 48-hour notice prior to discharge. Be prepared for the discharge; don't wait to try to appeal. 🍷

7th Annual WPA Open Against Parkinson Disease

Presented by HeatTek, Inc. and Financial Strategies, Inc.



Tuesday, September 11, 2018

**The Legend at Bristlecone
Hartland, Wisconsin**

11 am Registration

12 pm Shotgun start with scramble format

5 pm Silent Auction, Wine Pull, Cocktails, Networking

6 pm Dinner, Program, Auction

Register by September 1

\$1,000/foursome or \$250/golfer

Includes lunch, on-course beverages, cocktail hour and plated dinner.

Don't Golf? Come for the elegant dinner!

For \$75 per guest, join us at 5 pm for cocktails, wine pull, silent auction and networking in the clubhouse overlooking the beautiful golf course.

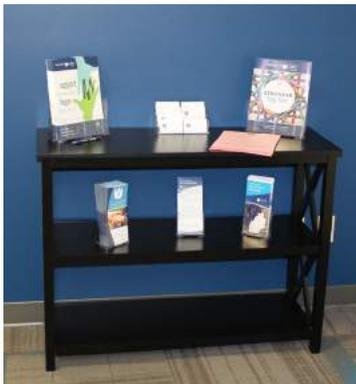
To register or for more information, visit wiparkinson.org or call 414-312-6990.

WE'VE MOVED

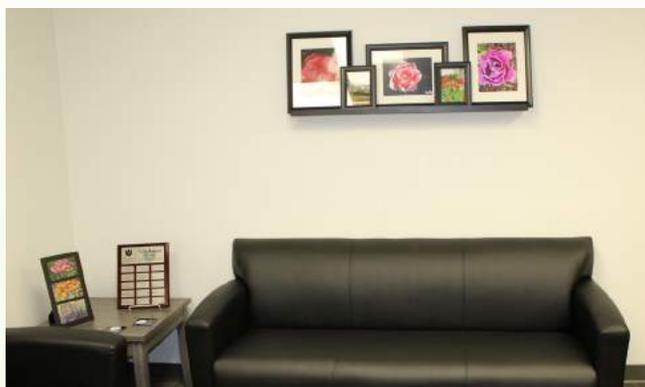
On June 1st, Wisconsin Parkinson Association moved into our new, beautiful office space located at 16655 W. Bluemound Road in Brookfield. Our new space is already serving as a welcoming environment for committee members and community members, and we are exploring even more possibilities here.

With lots of big windows, and some beautiful photos of tulips – the international symbol of Parkinson disease – the office is a great representation of the growth we've experienced over the last few years, and our bright future!

You are invited to our Open House on Wednesday, October 10.
WATCH FOR MORE DETAILS SOON!

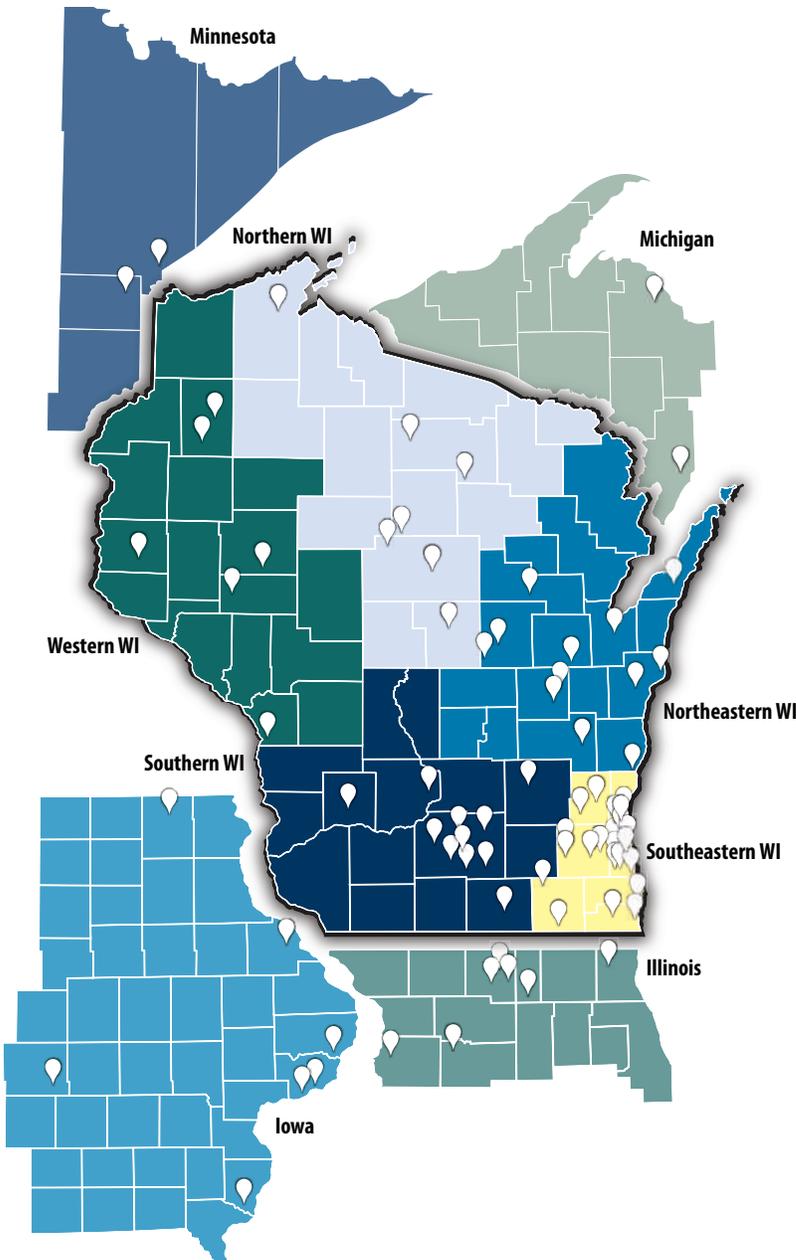


NEW ADDRESS:
16655 W. Bluemound Road
Suite 330
Brookfield, WI 53005



Support Groups & Exercise Groups

WPA works with groups around Wisconsin and in surrounding areas. Groups include support groups, exercise groups, caregiver groups, and young-onset groups. Most groups are run by volunteer facilitators.



Northeastern Wisconsin

Appleton
Cedar Grove
Fond du Lac
Green Bay
King
Manitowoc
Neenah
Oshkosh
Shawano
Sheboygan
Sturgeon Bay
Waupaca

Oconomowoc
Racine
St. Francis
Somers
Summit
Thiensville
Waukesha
Wauwatosa
West Allis
West Bend
Whitefish Bay
Whitewater

Northern Wisconsin

Athens
Bayfield/Apostle Islands
Colby
Marshfield
Minocqua
Rhineland
Stevens Point

Southern Wisconsin

Baraboo
Beaver Dam
Fitchburg
Janesville
Madison
Middleton
Richland Center
Stoughton
Sun Prairie
Verona
Waunakee

Southeastern Wisconsin

Brookfield
Brown Deer
Franklin
Grafton
Greenfield
Hartford
Kenosha
Lake Geneva
Mequon
Milwaukee

Western Wisconsin

Chippewa Falls
Eau Claire
Hudson
La Crosse
Shell Lake
Spooner

Illinois

Dixon
Lake Forest
Lindenhurst
Loves Park
Moline
Rockford
Roscoe

Clinton
Davenport
Decorah
Dubuque
Newton

Michigan

Menominee
Negaunee

Iowa

Bettendorf
Burlington

Minnesota

Cloquet
Duluth

 **For more information on groups in your area, visit wiparkinson.org or call 414-312-6990.**

WPA News

RECENT EVENTS

4th Annual Movers & Shakers Golf Classic

The 4th Annual Movers & Shakers Golf Classic took place on June 2 in Elkhorn, WI. This family-oriented golf and dinner event was coordinated by Joe & Patty Schlicher and their friends and family as a fundraiser for WPA. This year, the event raised an incredible \$19,135 to support our programs. Over the four years of the event, more than \$54,000 has been raised. **THANK YOU to the Schlichers and everyone who has supported this event over the last several years!**



Members of the Lake Geneva Rock Steady Boxing class have supported the Movers & Shakers Outing for years!

Punch Out Parkinson's with the Evan Riley Band

The Evan Riley Band hosted the 4th Annual Punch Out Parkinson's Golf Outing & Concert on June 24 in Middleton. The event raised \$3,450 in donations for WPA this year! **Thanks to all who supported this event in honor of Evan Riley's dad!**



Evan Riley (center) celebrates a successful fundraiser with his parents Dan and Shelley Riley.

TULIP AWARD



Four years ago, Joe & Patty Schlicher started the "Movers & Shakers Golf Classic" to raise awareness and support for WPA's work. Joe & Patty's support of WPA is evident through their work year-round, not just at the golf outing. They were instrumental in starting a Rock Steady Boxing class at the Geneva Lakes Family YMCA, and they started a

support group for people with PD and caregivers in conjunction with the Boxing class. Patty also joined WPA's newly formed Caregiver Committee.

Joe & Patty were surprised with the Tulip Award at the Movers & Shakers Golf Classic on June 2. The award recognizes a worthy individual, couple, or family who have shown dedication and a commitment toward helping people with PD and educating the public about PD.

We are so grateful to Joe & Patty for the work they have done to promote hope, community, support, and resources for people with PD and their loved ones!

Would you like to receive *The Network* magazine?

If you do not receive *The Network* quarterly, join our mailing list at wiparkinson.org. You will receive this magazine, as well as periodic information about educational events, support & exercise groups, and other resources in your area. This magazine is funded by your donations. Your support helps those living with Parkinson disease by allowing us to enhance and expand our services to you and your families. For more information, visit wiparkinson.org.

Wisconsin Parkinson Association provides hope, community, support, and resources for people with Parkinson's and their loved ones.



WISCONSIN
PARKINSON
ASSOCIATION

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Wisconsin Parkinson Association
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Brookfield, WI 53005

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Upcoming Events

August 15

Working Professionals
with Parkinson's
Brown Deer

September 11

WPA Open Golf Outing
& Dinner
Hartland

September 18

Working Professionals
with Parkinson's
Oak Creek

September 26

Parkinson Disease: Living Well
Green Bay

October 10

WPA Open House
Brookfield

October 12 & 13

LSVT BIG Training
Pewaukee

October 12

Parkinson Disease:
Living Well
Menomonee Falls

October 19

Parkinson Disease:
Living Well
Egg Harbor



More programs are being
planned around the state.

Visit wiparkinson.org
for more information!

October 23

Parkinson Disease:
Living Well
Fond du Lac

October 24

Working Professionals
with Parkinson's
New Berlin

December 5

Annual Holiday Reception
Brookfield