I feel tired a lot of the time. I can sit on the couch and watch TV all day. The mere idea of exercise makes me tired. On most days, it takes a huge amount of willpower (or a kick in the pants from my wife, Becky) to get me to “work out.” And yet, when I do exercise, I feel immediately and markedly better, physically and mentally, for the whole day. I eat better and sleep better too. Funny thing, we hear doctors constantly recommend exercise, sleep and eating smart as the three keys to health, even for people without PD.

Two years ago, Bob Hantman, Paul Gustavson and I shared an article with our support group that suggested exercise, community and creativity as three areas on which to concentrate for better living. Exercise is the only element to make both this list and the doctors’ list above. I think often of the fact that we are descended from hunters and gatherers and that evolutionarily we are not far removed from those early humans. We are built to move. As some have said, we are closer to animal than to vegetable, yet the TV, the computer and office jobs, not to mention PD, conspire to turn us into vegetables. Life was gifted to us. We got sick. Now we have to go out and take it back.

So what qualifies as exercise and what if you are sick? I have heard experts state that even firm folks (as opposed to the infirm) need only walk for 30 minutes five days a week to stay “in shape.” But clearly it depends upon your condition. Don’t beat yourself up if you didn’t run the Boston Marathon this morning. Just getting to the mailbox or to the bathroom may count. My toes cramp up when my meds hit so walking is not always easy for me. I prefer to use a rowing machine. I get breathing pretty hard, I get my heart rate up and I work up a sweat on this machine. Many health and exercise gyms have them. I can teach you how to row if you want to try it out. It is not difficult. But not everyone is into rowing. The important thing with exercise is to set a realistic goal and reach it. Start small. Exercise is more beneficial than any pill in your box.

One goal that we have had

Continued on Page 2

Marshall Moore is a writer and rowing coach. He has had Parkinson’s for 21 years, and successfully underwent deep brain stimulation surgery in 2006. He lives and works out in Exeter, NH.

A Note from the Coordinator Diane L. Church, PhD

Many of our readers in New Hampshire, Vermont, and beyond have suffered terrible losses in the recent hurricane/tropical storm, Irene. It is heartening to hear stories of neighbors and community members pulling together, volunteering and sharing what they have with those in need. Recovery is underway, but it will take lots of time, effort, and patience.

In this issue of the Parkinson’s Companion, we turn our attention once again to the value of exercise; see our cover story by Marshall Moore. Martha Manheim eloquently shares her thoughts on the nitty-gritty of becoming a widow, and an article on brain donation provides important information for us all to consider, whether a person with Parkinson’s or not, in planning for the future and helping progress in Parkinson’s research.

Finally, Happy Anniversary to the American Parkinson Disease Association! The APDA is 50 years old and going strong!
Let me say at once that these remarks, by a new widow, should be followed by a companion piece written by a new widower. At least for those of us in our 80s, a man’s responses to the challenges of his wife’s death are very different from those of a wife to her husband’s. As Tolstoy made clear in Anna Karenina, every marriage is different, and what I detail here is undoubtedly unique to me. But the new challenges coming from the culture, the registering of the death in the world, are true for nearly all of us. Knowing some of what a new widow has to do may soften the blow.

In a recent review of two books written by distinguished widows, Julian Barnes quoted Samuel Johnson on grief: “...for sorrow there is no remedy provided by nature.... It requires what it cannot hope...that the dead should return, or the past should be recalled.” Every death feels unexpected, whether sudden as in heart failure or after a long illness like Parkinson’s disease. People are just not prepared for, nor can they easily take in, that abrupt shift from living into no more living. And nothing can make us more aware of the gift of life as the death of someone close to us. Numbness is a common first form of grief. Samuel Johnson described the loss of a spouse this way: “The continuity of being is lacerated....”

Yet in that state of numbness, of laceration, we are called upon to act, in a world of computerized transactions taking place in sites scattered across the country, far from home. What to do? Though I felt in tune with a country song, “The Cloudy Brain Blues,” I had to make swift decisions, shift all responsibilities heretofore managed by my husband over to me, register the change in the multiple institutions through which the culture manages our lives. My own

Marshall participated in USA Masters Outdoor Track and Field Championships 14 years after his Parkinson’s diagnosis! Today, he does most of his exercise on an indoor rowing machine called an “ergometer.” Photos courtesy of Brian Crowley and Joe Bobrowskas.

Examples of some exercises that can be incorporated into your support group meetings:

- Breathe!
- Take a lap (every 30 minutes)
- Active stretch
- Trunk rotation
- Leg swing
- Arm swing
- Reverse arm swing
- Neck stretch
- Tennis ball brain teaser: Roll the ball under your feet, hold it between thumb and each finger in succession, throw it up and catch it with one hand, juggle it between hands, balance it on the back of your hand. Not much work, but active concentration!
experience was shock at the difficulty of making all the necessary changes. While my husband had made provision for his death in a variety of ways, his actual passing was unexpected, and I found the moves required of me to be slow, complicated and stressful. The funeral director was most helpful about the most immediate plans, but I want to discuss here what came in the months after the funeral.

One piece of salutary advice: before initiating any call, be sure that you have before you at least your social security number and that of your spouse, any identification number associated with the account or agency, dates of birth of you and your spouse.

While every institutional encounter began with the formulaic, “Sorry for your loss,” the actual business of making the shifts was clumsy, had surprising (to me) components, and took months to accomplish. One piece of salutary advice: before initiating any call, be sure that you have before you at least your social security number and that of your spouse, any identification number associated with the account or agency, dates of birth of you and your spouse. I did encounter sympathetic and helpful individuals in the process, but the dominant sense was of finding our lives enmeshed in complex computer files, automatic answering services (some impossible to hear or understand and requiring long waits to music I hated), the necessity to engage and re-engage procedures not foreseen, technical language never before encountered. I realize that every couple arranges its affairs to suit their talents and tastes, and I realize that my resistance to the computer, as an 86-year-old, didn’t help; and of course I had help from family and friends. Nevertheless, the world we live in now seems to give no quarter to, nor recognition of, the state of the one who has suffered loss. It is up to you to find your way through the morass.

Several months into the process, I did find a useful website which I encourage you to download now, well before you think you need it (just Google “death and finances”, or see the reference below). The site lists “Eight Things to Do After a Loved One Passes Away”; I will give brief versions of some main points, with some of my reactions, but the devil is in the details not included here:

1) Get multiple copies of the death certificate. Many institutions, agencies, banks, businesses, membership groups require proof that your spouse is gone before payments, commitments, changes, etc. can be made. Some will accept copies, but some require originals. And the changes take time to process.

2) Obtain letters testamentary or letters of administration from a probate court to assure your administration of the will. I had to obtain these only for a small part of the estate, and there is a short form of probate management. A sympathetic clerk of that court helped me through the mystery of the legal language and methods, and a friend who taught estate law found helping me an enlightening experience in the reality of what she was teaching.

3) Consult a lawyer, even if you do much of the work yourself, which I did. Dangers lurk if you make mistakes, but the costs of lawyer hours can quickly mount. It isn’t only professors’ wives who don’t have unlimited funds. (And part of the pain here is that I didn’t have a strong understanding of what my resources would be in my changed circumstances.)

4) Collect and secure pertinent documents. (I think this is one you should do right now.) Our file cabinets were full—we rarely threw away anything that was important—but locating them all was difficult. I found one contract I needed, late in the game, in the back part of the car glove compartment. I urge you to become aware of all the documents you will need and file them in one place. Some people are more systematic in their lives than others. It is so easy to plan to do this tomorrow.

5) Notify financial institutions, government agencies, and others. Social Security, your spouse’s employer, insurance companies, credit card companies, post office, utility companies, retirement organizations, creditors, brokers. Each one will have its own tasks for you to do to make the necessary changes.

6) Cancel or transfer accounts, memberships, subscriptions, automatic charges. Banks require you to make the automatic charge changes to the organizations in writing or by phone before they can put the accounts in your name. (Nearly all of our bank accounts were joint, and the ones that weren’t had to go through probate.)

7) Apply for benefits for survivors. Social Security allows a small death benefit, most retirement funds do, and there were others. Insurance companies were prompt, I found.

8) Pay final bills and guard against fraud. Final bills are harder than you think to chase down. And again this moves slowly. Schedules of the companies for sending bills and cancelling standing orders vary enormously.

One of my friends, with a prominent husband, said that the very complexity of the arrangements she had to make when he died had in fact actually helped her get through the first months after his loss. And it may well be that the process has made me gradually aware of my new position in life. I don’t know who wrote this, “Those you love take away a part of you, the self you were with them.” Perhaps what I have written about here is the trial by fire by which I have been learning the role I must play now.

Thank You to Our Donors

We thank all who have made donations in honor and in memory of their beloved family and friends with Parkinson’s.

Reference:
Brain donation is a unique and valuable gift to the neuroscience research community. Moreover, it is the ultimate gift to future generations who will benefit from new tests, treatments, preventative measures and cures developed by researchers studying the donated brain tissue.

Did you know?
- Only a tiny amount of tissue is used in most research studies. So one donated brain provides a large amount of tissue that can be used at institutions throughout the US and even the world!
- There is a critical need for brain tissue from persons who are normal as well as those with neurological disorders such as Parkinson’s. Normal control brain tissue is needed for comparison, to determine the differences between what is normal and what is not.
- Approximately 300 brains are donated to the Harvard Brain Tissue Resource Center (aka the “Harvard Brain Bank”) each year. Only 10%, or 30, of these are “normal.”

Types of tissue donation
There are three distinct categories of tissue donation:
- The “body donor” donates the entire body for medical education; however, the brain must remain with the body and cannot be used for research.
- The “organ donor” donates organs for transplantation; however, the brain begins to decay immediately at death, and brain donation is generally not compatible with organ donation. However, each case is assessed individually at death.
- The “brain donor” donates the brain for medical research and, if interested, also has the option of donating eyes, skin, blood, or bone tissue.

Things you should know
The identity of each donor will remain strictly confidential.
- Religious groups including Protestant, Catholic, Jewish and other faiths support organ and tissue donation as a charitable gift of life consistent with the basic tenets of these faiths.
- The donation process involves a careful surgical procedure in which the body is not disfigured in any way. This procedure does not interfere with any funeral or burial arrangements – including an open casket.
- No fee is charged by the Harvard Brain Bank for transportation of the brain, neuropathological evaluation or other processing undertaken at our facility. However, the hospital pathology department where the brain is actually removed may charge a fee to the donor’s family for this service.

At the time of death
To initiate the process of brain donation, call the Harvard Brain Bank at the time of impending death or immediately after the death of the donor. The Brain Bank representative will need the donor’s name, time of death, neurological diagnosis, and location. The Brain Bank will work directly with the Pathology Department at your local hospital to make arrangements for brain removal and provide donation instructions.

It is essential that the donation procedure occur within 24 hours from the time of death of the donor. Only the donor’s brain will be sent to the Brain Bank; the donor’s body will not be transported away from your local area.

Information in this article was used with permission from the Harvard Brain Tissue Resource Center, and adapted from their “Brain Donation Information for Neurodegenerative Disease” brochure and from their website: http://www.brainbank.mclean.org/. Contact information for Brain Banks in the Northeast is provided at the end of the article.
Some examples of Parkinson’s research findings from donated brain tissue:

**Early 1900s:** Various researchers described the pathological physiology of the Parkinson’s brain. In 1912, Friedrich Heinrich Lewy described brain cell loss and the inclusion bodies that now bear his name. In his doctoral thesis of 1919, Konstantin Tretiakoff linked the reduced number of pigmented cells in that substantia nigra with PD. He also coined the term, “Lewy bodies,” and noted their presence in the remaining cells of the substantia nigra.

**Late 1950s:** Using donated brain tissue, Arvid Carlsson discovered that dopamine is concentrated in parts of the brain that control movement. He then demonstrated that dopamine is an important neurotransmitter: When immobile dopamine-depleted animals were treated with L-DOPA (or “levodopa,” which the brain converts to dopamine), they were quickly restored to full movement! Carlsson’s ground-breaking research led to the eventual approval of levodopa for treatment of Parkinson’s disease. He shared the 2000 Nobel Prize for Medicine for his discovery that lack of available dopamine in the human brain causes the symptoms of Parkinson’s disease.

**Late 1990s:** Alpha-synuclein, a protein, was found to be an abundant component of Lewy bodies found in degenerating neurons in Parkinson’s brain tissue. (Note that some familial cases of PD are associated with alpha-synuclein mutations, making the protein a “prime suspect” in the development of PD.) Why does alpha-synuclein accumulate and clump in Lewy bodies? Do Lewy bodies cause the death of brain cells or do they protect the nerve cells against something else? Each new research finding raises more questions.

**Fast forward to August 2011:** Researchers reported that alpha-synuclein in healthy cells is present in stable quartets that are soluble and resistant to clumping. However, single units of alpha-synuclein misfold and clump quite readily. Would a new treatment that keeps alpha-synuclein in soluble form block Lewy body formation and prevent PD symptoms and disease progression?

**References:**

Brain Banks in the Northeast:

- **Harvard Brain Tissue Resource Center,** McLean Hospital  
  (800) BRAIN BANK (1-800-272-4622),  
  E-mail: hbtrec@mclean.harvard.edu  
  www.brainbank.mclean.org

- **New York Brain Bank at Columbia University** (NYSB / Taub Institute)  
  (212) 305-2299  
  E-mail: nybb@columbia.edu  
  http://nybb.hs.columbia.edu/

- **Boston University Brain Bank,**  
  (800) 638-6143

- **Columbia University Center for Parkinson’s and Other Movement Disorders**  
  (212) 305-5779  
A Lesson in Humility and Patriotism

The year 2011 is the 10th Anniversary of New Hampshire’s memorial event called “Flags on the 48”. I was part of the ninth event and intend to participate this year and in the future for as many years as my legs will allow me to continue hiking.

For the past ten years, New Hampshire has honored soldiers who have given their lives in Iraq and Afghanistan. Each of the mountain peaks over 4,000 feet high is dedicated to a soldier from New Hampshire. Family and friends must sign up to choose a peak and recruit hikers to make the trek. On September 11, 2010, I climbed one of the 4,000 footers, one of 48 mountains in New Hampshire that reach above that lofty height. As I committed to the rocky steep climb of Mt. Liberty, I thought how appropriate that this mountain was assigned to our group! I was overwhelmed with the number of people who were climbing for this unknown soldier killed in Iraq. The young officer, aged 32, had left a young wife and baby son. His parents are neighbors of my sister in the Plymouth, NH area. The deceased soldier’s dad and uncle carried lengths of PVC piping and a pulley system up the mountain. Each climber was given a small American flag to attach to their backpack. A carefully folded large American flag was tucked into the father’s pack.

Our group left the parking lot and the scenic highway through Franconia Notch behind before 8:00 AM. By noon we were on the summit. The PVC pipe pieces were fitted together. The ropes and pulley system were tied to the pole which was firmly anchored in the rocks to keep it erect in the blowing wind. The American flag was attached to the pulley system and hoisted up the pole.

The day was pristine, clear visibility, sunny sky and a wind which kept the flag blowing straight out. A hushed silence enveloped the mountain top. As the flag reached its pinnacle a young voice, unannounced, began singing the National Anthem and a hundred voices joined in. Tears flowed freely down the cheeks and faces of many.

I was so proud to be a part of this incredible, poignant event, proud to be an American who can oppose that war but still love and respect the troops that fight for our freedom and rights. And I was proud of myself, smugly thinking, “Here I am, a Parkinsonian, high on a mountain, a stretch beyond my usual accomplishment.” But God has a way of humbling each of us without embarrassment. I looked down to see an entourage of people slowly moving toward the summit. I looked again and saw a man with a pole, a white pole, and a dog. Suddenly it clicked—this man was being led by his guide dog. He was blind! With his media crew, friends, his blogger and his beloved yellow lab, he had reached the summit of Mt. Liberty.

He spoke to the group on top, introducing himself as Randy Pierce and his guide dog, Quinn. He realized there were about a hundred others upon the peak and asked why we were all up here. Mark, the father of the deceased West Point Officer, spoke with halting words expressing eloquently that we were there for Greg, who had given his life in Iraq. There was complete silence from the sightless man who made a living giving motivational speeches to young people in public schools. He was unable to respond initially. As emotions settled down a journal was passed through the group and those who wished to express personal thoughts did so. Quiet conversations began again on the windy summit. The dog rested by
Randy’s feet while Randy explained that he didn’t think of himself as having a disability but rather of his special abilities. It was true—his other senses were enhanced. He picked up on other modes, even hearing more private conversations.

As I sat eating lunch with my sister, her husband, daughter and friends of the soldier’s family, I knew I was forever attached to this legacy. Climbing to the apex, I stood proudly beneath the flag and had my picture snapped. Looking out over the surrounding mountains with binoculars, I counted 17 other American flags hoisted high above the mountain tops. The stars and stripes proudly waved for the same 2 and 1/2 hour period on each peak. It was an increasingly moving day.

Randy put his beloved Quinn’s leather booties back on the dog’s paws to protect them before they began the slow descent on the rocky ledge. We watched the careful foot placement, the undeniable trust of man and dog, as they began the steep hike down the mountain. At 2:30 we reeled the flag in, carefully folding it and began to dismantle the flag pole. Once that task was completed, our packs were strapped on and we started down the trail marked with yellow painted arrows and cairns. The descent was quicker than the exhausting, upward climb had been. But it was dangerously steep and it was necessary to use hiking poles to keep from plunging forward. That weary tiredness settled in and yet we continued, none of us as young as we used to be. Approximately half way down we overtook the crew descending with Randy and Quinn and I momentarily entered the thought that he would not make it down before dark—until it occurred to me—what did it matter to a blind man if he had to walk in the dark? It was his crew who would do the physical work, I would suggest you give it a try. The perspective is totally changed once you’ve talked to that homeless person with the dirty hands and the unzipped jacket. You may find that he or she is in fact educated, writes poetry or once lived in a two story home with all the conveniences, until losing a loved one and being left with three young children, no savings, half the income and no family in the area. Some people just need a friend, a person that listens and doesn’t judge the situation.

If you have never been in the trenches doing the physical work, I would suggest you give it a try. The perspective is totally changed once you’ve talked to that homeless person with the dirty hands and the unzipped jacket. You may find that he or she is in fact educated, writes poetry or once lived in a two story home with all the conveniences, until losing a loved one and being left with three young children, no savings, half the income and no family in the area. Some people just need a friend, a person that listens and doesn’t judge the situation.

You could be the person that steps up and volunteers, setting an example for a friend to join with you. The New Hampshire Chapter APDA needs your service, your volunteer time, to answer donations with a note of thanks, to file paperwork, to help with mailings, to edit and/or write and input into the Web Site, to attend a Board Meeting, to share your ideas and hopes for this Chapter, to become a member of the board or to chair a special committee.

An old song by Simon and Garfunkle says, “I am a rock, I am an island…and a rock feels no pain…and an island never dies.” But we are not rocks or islands. We are people, senators, mothers, fathers, children, young adults, friends, neighbors, clergy, teachers, doctors, health care workers and on and on. We do feel the pain. We will die. We need people to nurture us and we are called to serve those around us, to ease their burdens and assist them to live safer, healthier more productive lives. The golden rule still holds true. “Do unto others as you would have done to you.”
Symposium Summary: A Parkinson’s Sampler

Dartmouth-Hitchcock Medical Center, Lebanon, NH
April 16, 2011

A. Robert B. Santulli, MD, spoke of “Mind Mood and Memory in Parkinson’s Disease.” Dr. Santulli described non-motor symptoms, the frequency of cognitive symptoms and Parkinson’s dementia, and the similarities and differences between Lewy Body and Parkinson’s dementias. Dr. Santulli is the Editor of the Dartmouth Memory Handbook, Director of Geriatric Psychiatry at DHMC, and Associate Professor of Psychiatry at Dartmouth Medical School.

B. Solomon G. Diamond, PhD presented, “Emerging Technologies for Studying Human Brain Function.” He spoke of strategies used to study human brain function, which is especially challenging due to the brain’s complexity. Understanding how the brain works will advance medical treatments of neurological disorders like PD. Dr. Diamond described new technologies for measuring “neurovascular coupling”, which is the dynamic relationship between neuronal electrical activity and blood supply in the brain, and changes in this coupling seen in neurological diseases. Dr. Diamond is Assistant Professor at the Thayer School of Engineering, Dartmouth College.

C. Sonja Hakala described the Parkinson’s Comfort Quilt Project in her talk, “Comfort for Parkinson’s: The Lap Quilts for Parkinson’s Project.” Sonja discussed the fascinating history of quilting as well as how the intricate and beautiful geometric patterns of quilting are derived. Both of Sonja’s parents lived with Parkinson’s disease, and it was this connection with PD as well as her love of quilting, family and community that inspired her to create this project. (Please see http://ParkinsonsComfortQuilts.com for more information.) Ms Hakala is a Professional Quilter, Author, Editor, Designer, Publisher, and Founder of Full Circle Press LLC.

D. A lucky couple! Noel Coniglio wears his special door prize, a lovely comfort quilt. And Noel’s wife, Barbara, won a beautiful bouquet of red tulips, the symbol of Parkinson’s disease.

E. Maureen Chamberlain, APDA NH Chapter President, center, chats with Claudette and Joe Nicholas. Joe was named NH Support Group Leader of the Year. Joe and Claudette have infused the Monadnock Parkinson’s Support Group (Keene, NH) with energy that keeps the group active and growing. Congratulations to the Nicholas’ and to the Monadnock Parkinson’s community!

Our Parkinson’s Logo is on the Move!

Lisa Beidler carries our local Parkinson’s logo with her, wherever she goes! The logo, provided by the Dartmouth-Hitchcock marketing team and adopted by the The Parkinson’s Center, suggests a warm embrace for PD, represented by a red Parkinson’s tulip. Lisa was so taken with the logo that she had it tattooed on the inside of her forearm, along with the initials of her husband, James (Jim) Beidler.

Note that Lisa is also wearing a grey APDA bracelet, with phone number, 800-223-2732. Please use this phone number whenever you need to speak with someone at the APDA National Office on Staten Island.

Thank you Lisa, for spreading awareness of Parkinson’s... at least during “short sleeves season!”
Irene has left a pathway of devastation and September has arrived, with those brilliant sunny days and cool nights, perfect for sleeping. Autumn is why many of us live in New England. However, this year one should be careful as you watch the trees change into their regal attire. Be sure the road is open and the bridge intact before you venture out on a scenic country journey.

Our new web site, www.apdanh.org, is nearly up and running. Setting up a new web site is a time-consuming task, but with the support and encouragement of the MA and RI APDA colleagues and friends, we are close to its trial run! Volodymyr Lyczmanenko, the MA Chapter President, designed our web site and walked me through the process of uploading material. I felt “tangled in the web” and Vlad spent a lot of time untangling me. A web site needs to be updated frequently, announcing new events, symposia, wellness classes and stories about our members. Our chapter needs all of its members to assist. We are a volunteer organization. We need you to join as a chapter member, to volunteer to assist at an event, or to join our Board.

The NH Board currently has eight members. Representation from each support group would be ideal. We are aware that it is difficult for some to drive at night and the distances can be long. Meetings are held in north Manchester off Exit 9 at the Elliot Senior Health Center on the 2nd Wednesday of the month at 6:00 pm. We reserve those Wednesdays for monthly meetings, but meet only seven or eight times per year. If you cannot commit to being on the Board, please join one of our committees. Let us know if you are interested and tell us what your expertise or area of interest is. Bring a friend along to drive or to sit in on the meeting. Someone with computer/technical knowledge is needed to help maintain the web site as well as someone with accounting knowledge and/or ideas for fundraising.

In spite of the torrential rains in Concord on April 28, the Candle Light Vigil for Parkinson’s Awareness was a success. A group gathered at the State House, and those in attendance were ready to speak up and support PD awareness. Fred Britton read the proclamation sent by Governor Lynch declaring that April is Parkinson’s Awareness Month in the state of NH.

The Young Onset PD Group is growing and may need to find a regular meeting place. We are still meeting in the homes of members.

Joseph Nicholas was the recipient if the 2011 Support Group Leader of the Year Award, announced at the April Symposium at DHMC. Joe and his wife Claudette have been leaders of the Monadnock Support Group and draw participants from three states: NH, VT and MA. Their meeting format is helpful to patients and caregivers. We celebrated with a cake at the May Support Group Meeting in Keene. Fratello’s Restaurant in Manchester has supported this award program since its inception with a generous gift certificate to Fratello’s or to one of their sister restaurants.

Marge Clark, a member of the Manchester Support Group was given the first quilt created by the Parkinson’s Comfort Quilts Project. (See www.ParkinsonsComfortQuilts.com.) Marge was delighted and we are all grateful to this generous, creative group. The Nashua Support Group held an informative, well-attended meeting on Caregivers and Caregiving in May.

Barbara Halbmaier, LICSW facilitated the meeting and had a wealth of ideas to share. Thank you to John Giorgi, Nashua Support Group Leader for getting the invitations out to the public to attend.

Many great exercise programs are happening in NH: tai chi, dance classes, stretching/moving classes to name a few. Programs with physical and occupational therapists, speech language programs that help with swallowing, speaking louder and clearer and alternative therapies such as massage therapy, acupuncture, “Silver Sneakers” and yoga are also available. Check with your doctor before beginning any new program. Watch our web site for times and places.

Our sympathy is extended to the many families who have lost loved ones to Parkinson’s disease related causes this year. Many have requested that donations be made to the NH Chapter in memory of their loved one. These donations are used for programs in NH. Thank you for thinking of easing the burden for others while you are grieving the loss of your own family member.

Saturday, September 17th, is our Walk in the Park for Parkinson Disease, in Greeley Park, Nashua, NH. It is a perfect place for the New Hampshire Chapter APDA to hold this annual event and the city of Nashua has welcomed us. We hope many of you will join in to make this 2011 Walk in the Park even more successful than in 2010.

Thank You to our 2011 Walk in the Park Sponsors!

Gold Sponsors:
Northeast Rehabilitation Hospital
G.M. Roth Design & Remodeling

Silver Sponsors:
Storyfield Yogurt

Bronze Sponsors:
Arrow PC Services
Bob & Sons Automotive
Michael E. Shaughnessy, CLU,CHFC
St. Joseph’s Hospital

Maureen M. Chamberlain
NH Chapter President, APDA
Join the New Hampshire Chapter of the APDA!
Make 2011 Our Banner Year!

We need you to be involved in our chapter! Every voice is heard and every hand that helps makes the work easier. The NH chapter continues to provide updated information about Parkinson’s disease through symposia, support groups and the Parkinson’s Information and Referral Center at DHMC.

For more information, call Maureen Chamberlain at (603) 434-6252.

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Donations and dues are tax deductible.
We are a not-for-profit 501(3) (C) organization.

Please make checks payable to:
NH CHAPTER APDA

Mail to the following address:
American Parkinson Disease Association
NH Chapter
PO Box 183
Londonderry, NH 03053

Name_________________________ Date ______________________
Address ___________________________________________________________________
Phone # (______) __________________   E-mail _________________________________

If you belong to a NH Support Group please tell us which group ___________________
__________________________________________________________________________
How would you like to see your membership dollars used? _________________________
__________________________________________________________________________
Remember, we need to raise money to support special projects. Please share your ideas
for fundraising with us _______________________________________________________
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Announcements & Events

September 17, 2011
APDA New Hampshire Chapter WALK-A-THON,
Greeley Park, Nashua, NH – All proceeds benefit APDA Parkinson’s research grants. Contact: Maureen Chamberlain at (603) 434-6252 or email mchamberlain.apdanh@gmail.com

Saturday, October 1, 2011
Deadline for ordering Parkinson’s tulips as part of the American Parkinson Disease Association’s Garden of Hope project. The APDA receives 40% of the proceeds, and you will enjoy the beautiful red tulips as you spread awareness of PD! Order tulip bulbs from www.tulipworld.com/apda/ or phone TulipWorld LLC at (866) 688-9547.

Saturday, October 15, 2011
Treatment Options for Parkinson’s, A Symposium for People with Parkinson’s, Caregivers, and the Community, Radisson Hotel, Manchester, NH – Presentations by Terry Ellis, PhD, PT, ACS; Sheryl Jedlinski, Bonnie Hersh, MD, and David W. Roberts, MD. $15 per person includes continental breakfast and lunch. Space is limited. Pre-registration must be received by October 5. To register, call (603) 653-6672.visit patients.dh.org/parkinsons, or send email to Diane.L.Church@hitchcock.org.

Parkinson’s Wellness Program (Six-week program), Dartmouth-Hitchcock Medical Center, Lebanon, NH. Tuesdays and Fridays, September 13 – October 21, 11:30 am – 1:00 pm (with pre- and post-assessments the weeks before and after). Exercise, balance, gait training, and education program to help those with PD achieve a better quality of life. “Medical Eligibility Form” is required to ensure that the program is appropriate and safe for you. $250 per person; partial scholarships are available. For information, phone (603) 653-6672 or send email to Diane.L.Church@hitchcock.org.

Parkinson’s Disease Community Exercise Group, Northeast Rehabilitation Hospital Network, Salem, NH. Tuesdays and Thursdays, September 13 – October 27, 4:30–6:00 p.m. Exercise and education to help you in your fight against Parkinson’s disease. $245 per person. Please call (603) 681-3210 to register or to request more information.

Keep in mind:

April 2012
Parkinson’s Unity Walk, Central Park, NYC, www.unitywalk.org. Help to raise money for Parkinson’s research. Specific date to be announced by New York City’s Parks Department by New Year’s Day 2012.

April 2012
Parkinson’s Awareness Month Symposium, Lebanon, NH. Date and location to be announced.

April 2012
Candle Light Vigil – Parkinson’s Awareness Month, Concord, NH on the Capitol Steps. Date and time to be announced.

October 1 – 4, 2013
3rd World Parkinson Congress, Montreal, Check the web site, www.worldpdcongress.org, for more information and to preview topics to be covered. Brochures will be available as we get closer to the meeting date in 2013.

Ongoing:

Dancing with Parkinson’s classes in Keene and Lebanon. Please see related story on page 12. For more information, contact: Kathy Michel (Keene), (802) 869-3695, starbooks06@yahoo.com; Diane L. Church (Lebanon), (603) 650-3-6672, Diane.L.Church@hitchcock.org

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PARKINSON’S COMPANION IS A PUBLICATION OF THE PARKINSON’S CENTER AT DHMC

The Parkinson’s Center at Dartmouth-Hitchcock Medical Center is an Information & Referral Center of the American Parkinson Disease Association, Inc.

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This newsletter is intended solely to provide you with information on Parkinson’s disease. You should not make any changes in your treatment without first discussing them with your healthcare provider.
Dancing with Parkinson’s
For people with Parkinson’s and their caregivers

Our programs are inspired by the Mark Morris Dance Group’s Dance for PD® program based in Brooklyn, New York (http://danceforparkinsons.org/), where professional dancers and dance instructors can receive training that allows them to bring Dancing with Parkinson’s to their own communities. Dancing with Parkinson’s instructors in NH include Kate Gamble in Lebanon and Cathy Nicoli and Rebecca Midler in Keene.

What you can expect from the classes
The Dancing with Parkinson’s program brings together the knowledge of a professionally-trained dancer who is skilled in movement techniques and the needs of a person with Parkinson’s. Classes focus on stretching and strengthening muscles, improving balance, and using rhythm to guide the body. In addition the dance techniques call on the ability to concentrate mind, body and emotion on movement through the use of thoughts, imagination, eyes, ears and touch to control the body. The instructor incorporates movement from modern and theater dance, ballet, folk dance, tap, improvisation, and choreography. People who take part in the classes can enjoy narrative, imagery, music, and community as they work together to bring grace in movement to the dance floor while addressing common concerns of Parkinson’s such as balance, flexibility, coordination, isolation, and depression.

The goal of the classes is to engage the participants’ minds and bodies while creating an enjoyable, social environment that emphasizes dancing and overall movement rather than therapy. Demonstrations by the lead instructor and her assistants will inspire others to find their own internal graceful movement while being guided through different dance segments that foster creativity and experimentation.

How can dance help you?
Dance...

- Further develops flexibility and builds confidence
- Provides stimulating mental activity that connects mind to body
- Breaks the cycle of isolation
- Provides imagery with movement
- Stimulates the eyes, ears and sense of touch as tools to assist in movement and balance
- Draws attention to how all parts of the body move through space
- Engages the mind to tell a story
- Sparks creativity
- Inspires your innate sense of rhythm
- Brings great joy!

For more information about the Dancing with Parkinson’s programs, please contact Diane L. Church (Lebanon), (603) 653-6672, Diane.L.Church@hitchcock.org or Kathy Michel (Keene), (802) 869-3695, starbooks06@yahoo.com.

Parkinson’s Support Groups Within Our Region

Fifteen towns in our region host Parkinson’s Support Groups! Please get in touch with the contact person listed for meeting location and time.

<table>
<thead>
<tr>
<th>Town</th>
<th>Contact</th>
<th>Phone</th>
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<tbody>
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Photo courtesy of the Mark Morris Dance Group, Brooklyn, NY

For more information about the Dancing with Parkinson’s programs, please contact Diane L. Church (Lebanon), (603) 653-6672, Diane.L.Church@hitchcock.org or Kathy Michel (Keene), (802) 869-3695, starbooks06@yahoo.com.