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Parkinson's companion

 Dartmouth-Hitchcock

A publication of the American Parkinson Disease Association Information & Referral Center at Dartmouth-Hitchcock Medical Center, Lebanon, NH

Voices of Parkinson's: Preaching with Parkinson's Disease

What I've learned that will make you a better preacher.

by Pastor Tom Teichmann
Messiah Lutheran Church, Amherst, NH

FOR THE PAST SEVEN YEARS I have been living with Parkinson's Disease (PD), and my church has been living with a pastor who is living with PD.

Parkinson's is a degenerative neurological disorder that results in the brain's inability to produce dopamine, a neurotransmitter that assists with motor functions. PD isn't a terminal disease, but it is a disabling one that spans not just years, but decades. PD patients develop tremors, difficulty with speech, loss of balance, trouble swallowing, a lack of visible facial emotion, and cognitive

problems. Various therapies exist, but these address only the symptoms; they are not a cure, although researchers are making strides towards one.

Billy Graham, a well-known preacher with PD, was once interviewed by CNN's Larry King, who asked how Graham felt about his disease. Graham replied that, "I feel great about it... I believe the Lord has many lessons to teach me through this disease." That faithful response is higher than any I can claim. I live with PD; I don't feel especially wonderful about it or thankful for it. I'd trade it in a

flash for a common cold or even the flu.

Still, I do believe that the God who draws good even from a cross can make this experience of mine, if not joyful, then at least revelatory. What I've had to change or release has revealed new ways of being and doing, and new insights about the people with whom I minister.

That includes preaching, or course. I feel the things I've learned about myself and the craft in relation to a debilitating disease have made me a better preacher. And I believe they can make you a better preacher, too—without need of a pesky disease!

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People won't "hear you," unless they can hear you!

PD affects the tone, volume, and emotionality of my voice. I need to make a conscious effort to speak loudly and distinctly. I never was one of those booming voice preachers, and so, like you (perhaps), I blamed people's inability to hear me on their stubborn refusal to get hearing aids, use the headphones provided, or sit nearer to the preacher.

My vanity was quickly overcome by the PD-ness of my voice. I realized then just how much trouble others had hearing me even before. Rather than ignore or blame poor sound on acoustics, I started wearing an ear-set microphone that was recommended by a sound engineer. On his advice we also moved the speakers to a place where their sound waves would not create "dead spots." I also became more aware of my need to slow down and enunciate, to pause and let people really hear the sermon.

Don't overdo it when it comes to gesturing. Be aware of your body.

Parkinson's causes my right hand to be less coordinated and to shake uncontrollably. I was very self-conscious about it, because I feared people would be watching the hand instead of listening to the sermon. And I know from observing preachers who repeatedly make elaborate hand and body motions that they are distracting. Have you ever counted how many times a pastor points a finger or does air quotes? (Shame on you!) What PD taught me is that my hand tremor is the least of my worries. I needed to work on authentic movements that added to the sermon. It was an area I had pretty much ignored.

It isn't about you – it's about the gospel.

Part of PD is the lack of visible emotion—the voice becomes monotone, the body rigid, and even the face refuses to register joy or sadness (known as the Parkinson's Mask). One sad thing about that is people see this blank slate and conclude you are emotionless, detached, and unapproachable. That is tough to overcome. And an introverted personality can cause similar problems.

I have to very intentionally show emotion while preaching. And I reveal more about my story than conventional homiletical practice would dictate. Their seeing inside me somehow makes the exterior deficit irrelevant. Likewise, embracing your physical being can be a gateway to hearing God's word for a congregation. Just remember—it's not about you—except for your inclusion in the "for you" of God's love and grace. That's the gospel we're here to proclaim.

Not every sermon is inspirational, but every sermon is inspired.

Everything takes a bit longer to do when you have PD. Sermon prep is no exception. Unfortunately there are still only 24 hours in a day, and seven days in a week. So trying to complete everything I used to do readily with PD (or depression, or diabetes, or name your poison), something's gotta give—or change.

I aim to preach a shorter, more succinct sermon. I rely as much on commentators and biblical scholars as I do on my lexicon and Kittle to do the language work. I used to fret over the manuscript and mark it up with changes up till the singing of the gospel verse. Now I type it once, read it twice, and make minimal notes (I could never read them anyway!). My point is

this: I selfishly wanted every sermon to be a home run. I needed people to say after church, "Great sermon, Pastor!"

I wanted to evoke tears, to crack people up, and help them rise up from the depths of life's terrors and puzzles, breaking through the surface into a bright shining world of clarity and grace. It's gotten harder to do all that. In fact it was always hard. And always vain to try to fill myself on what is to be poured out. Thank God PD has taught me that it is God who uses my human words to convey his message.

My words may be uninspiring, but they go out from my mouth and don't return empty—because the Holy Spirit works through me, and does that Spirit thing in the hearts of those for whom the sermon will touch. And that truth will set you free, not to be a shoddy preacher, but to trust in God that even our worst can be God's best.

Those are just a very few things that I've learned about my preaching so far on this journey. They are practical things mainly. I might have learned them in a different fashion had I not developed PD. But then again, maybe not. So I keep a watch on this interloper and its effects, looking for how PD's interference might paradoxically reveal a healthier preacher and servant of God.

As for you, take from my humble advice that which helps you—leave the rest. But do pay attention to the underlying premise. For we all live with a "thorn in the side," and what we gain or lose because of it is up to us—and up to God, who can redeem the brokenness of our bodies with the good news that we are called as preachers to proclaim. ●

This article was first published on www.WorkingPreacher.org and is reprinted with permission of the Center for Biblical Preaching at Luther Seminary. Originally posted on November 12, 2012: <http://www.workingpreacher.org/craft.aspx?post=1994>

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Caroline Moore, MPH spoke movingly of the ever-changing joys and difficulties faced, and the many hats worn, by caregivers/care partners in their journey with Parkinson's disease. Caroline has been the Program Leader of the Dartmouth-Hitchcock Aging Resource Center since 2008, developing and teaching classes for family caregivers and those living with chronic illness.

Nancy Sporborg and **Pat Piper** describe themselves as two ordinary women who went on an extraordinary journey together, hiking over 1,600 miles to the tops of over 250 mountains through all seasons. Their inspirational, touching and humorous presentation, "Its Not About the Hike," told their story of self-discovery as they pushed past comfort zones, overcame fears, and found meaning in the beauty of nature, taking risks, connecting with others, and experiencing joy. They motivated audience members to discover that they, too, can overcome their own "mountains" if they take on challenges one step at a time. Nancy is Sterling Innovator at STERLING Design & Communications, Keene, NH and author of "It's Not About the Hike." Pat is Online Content Manager, Antioch University New England, Keene, NH.



Jenny Gelfan, MEd, led a popular session, "Moving to Music: Creative Seated Dance for ALL!" Participants enjoyed moving creatively and with ease and fluidity with Jenny's guidance, and viewed a short video clip from "Embrace of Aging," with Helaine Treitman, Dance Instructor, Naples Tango Club and James E. Sander, MD, Neurologist, produced and directed by Keith Famie. Jenny has been a wellness/fitness consultant and a teacher of dance and massage for over 20 years.

Jenny encouraged the group to explore their creative spirits through dance. **Ed** and **Nancy Miville** rose to the occasion, dancing to the beautiful "Moon River," sung by Andy Williams.



A Note from the Coordinator Diane L. Church, PhD

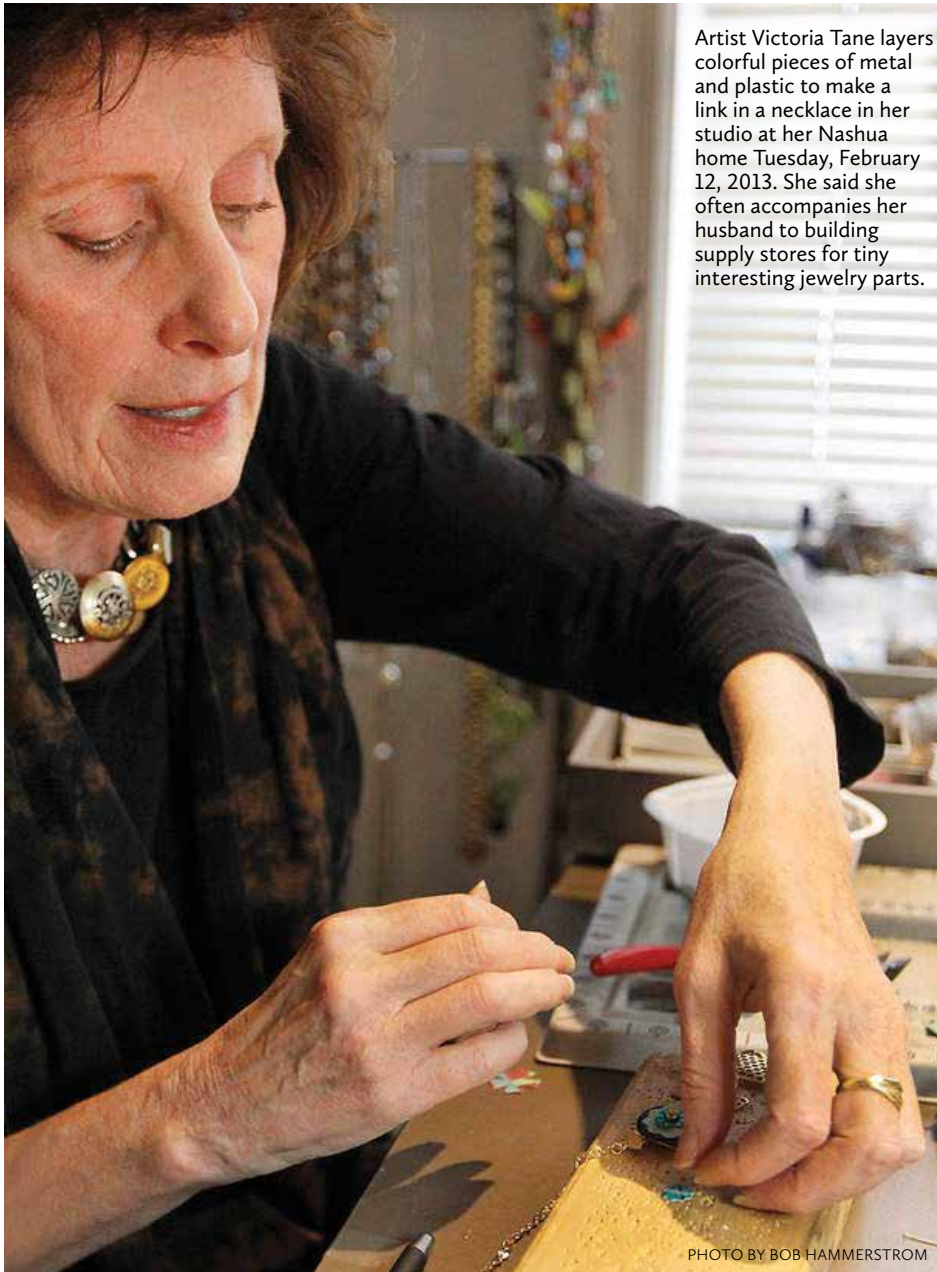
I recently traveled to Nashville, TN for the 2013 APDA Leadership Conference, a gathering of APDA National Staff, Information & Referral (I&R) Coordinators, Chapter Presidents and Board Members from across the country. There was much discussion of future APDA directions regarding funding of I&R Centers, activities of the fundraising Chapters, and leadership at the national level.

My favorite conference activities were the scientific presentations by APDA colleagues. Drs. Chesselet, Ciucci, Ellis and Greenamyre highlighted APDA research initiatives including: investigating the benefits of exercise and locating/building community-based exercise programs, developing neuroprotective drugs to save dopamine-producing neurons still functioning at time of diagnosis, understanding mitochondrial defects that affect energy production in cells, identifying environmental risk factors using model organisms such as zebrafish and rodents, searching for biomarkers for early detection and diagnosis, and studying swallowing disorders in PD as an early behavioral marker.

Our first edition of Parkinson's Companion was published in the fall of 2008. I hope that you enjoy our updated design, with special thanks to Erin Higgins and Jaime Peyton of our talented Communications and Marketing staff at Dartmouth-Hitchcock.



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Staten Island, NY 10305
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Artist Victoria Tane layers colorful pieces of metal and plastic to make a link in a necklace in her studio at her Nashua home Tuesday, February 12, 2013. She said she often accompanies her husband to building supply stores for tiny interesting jewelry parts.

PHOTO BY BOB HAMMERSTROM

The worktable in Victoria Tane's home studio could easily be mistaken for a vendor's table at a flea market.

Plastic ziplock bags hold beads of various shapes and sizes, bits of broken costume jewelry and metal pencil tops. Wine collar wrappers and cardstock paint swatches are carefully stored in multi-compartment boxes.

From these disparate, cast-off items,

the 61-year-old Nashua artist creates beautiful upcycled jewelry, which she sells through her website, www.victoriatane.com. No two pieces are exactly alike. "I call what I do 'ten thousand decisions,'" Tane said. Though she has limited amounts of some supplies, she sees no need to panic when the contents of a bag or box start to dwindle. "Running out of something is the best thing that can happen to me as an artist, because it forces me to come up with the next iteration," Tane said.

Her approach to her art has influenced

The Crea

her approach to Parkinson's disease. She began experiencing the symptoms 10 or more years ago, but was only diagnosed with the movement disorder within the past three or four years. "I run out of something and I have to replace it," Tane said, referring to her jewelry supplies. "Well, it turns out I've run out of dopamine and I have to replace it."

According to the Parkinson's Disease Foundation, Parkinson's involves the malfunction and death of nerve cells, or neurons, in the substantia nigra, the part of the brain that handles movement and coordination. Some of these neurons produce dopamine, a neurotransmitter that helps control movement. As Parkinson's progresses and more neurons are destroyed, less dopamine is produced, leaving the individual increasingly less able to control movement normally. At this time, there is no cure for Parkinson's. Though experts are unsure as to the cause of the movement disorder, some believe genetics and environmental factors may play a role.

The path to Tane's diagnosis began when she scheduled a doctor's appointment to address a nagging pain in her shoulder. "I had this feeling inside, like I was shaking," she said. She later followed up with her doctor about a tremor that had developed in her right hand, which is also her dominant hand. Though tremors are a classic symptom of Parkinson's, they can have a number of other causes. "My husband has a tremor, but he doesn't have Parkinson's," Tane said.

Her doctor did not think Tane had the movement disorder, but Tane felt differently. "I know my own body. I know things before they're diagnosed," she said, adding that her father passed away from complications due to Parkinson's about two years ago.

tive Spirit: Victoria Tane

by Teresa Santoski

Tane arranged for a consultation with a neurologist, who said she might be in the early stages of the movement disorder. Over the next year, her symptoms progressed, cementing the diagnosis. As she learned more about Parkinson's, Tane realized she may have been experiencing symptoms of the movement disorder long before the tremor manifested itself. As far back as the '90s, "I had had a hard time with smell," she said.

Many researchers believe the loss or impairment of the sense of smell—as well as other symptoms like sleep or mood disorders or low blood pressure when standing up—can precede movement-related symptoms of Parkinson's by years. Tane said she can smell very high notes and very low notes when it comes to aromas, but that she's "lost the mid-range of the keyboard." Her deteriorating sense of smell has in turn affected her sense of taste. Once again, flavors at the ends of the spectrum are easier to taste than those in the middle. "I kind of have to interpret via texture," Tane said. "Sometimes, I don't know if I'm tasting something or remembering tasting something."

In spite of having struggled with Parkinson's for several years, she resisted taking medication for her movement-related symptoms until just a few months ago. "I was trying to be a hero and tough it out about not taking medication, but it was ridiculous," Tane said, noting that people who have seen her before and after medication say there has been a definite improvement. Regular exercise has also helped her movement-related symptoms. "It's kind of a cocktail disease," she said of Parkinson's. "You have to establish a regimen that works for you."

Tane continues to create and sell jewelry, though the movement disorder

means it takes her longer to finish a piece. "My hands shake," she said. "But I'm still able to design, and I still have my sense of humor, which I think comes through in my art." Making jewelry, Tane has found, also makes her hand less apt to tremor. "Busy hands are happy hands, so the idea is to keep those hands engaged as much as possible," she said.



“My hands shake, but I’m still able to design, and I still have my sense of humor, which I think comes through in my art.”

One of Tane's bracelets is featured in the 2013 Creativity & Parkinson's Calendar, published by the Parkinson's Disease Foundation, as the art for February. Tane had been looking for artists with Parkinson's to blog about for Parkinson's Awareness Month. Her

assistant came across the Parkinson's Disease Foundation's website, www.pdf.org, with its gallery of 300 such artists. At her assistant's suggestion, Tane submitted photos of her own work for the online gallery. The next thing Tane knew, the foundation contacted her and told her she was a finalist to be in the calendar for February. "It was really an honor. I was thrilled," she said.


Like many people with Parkinson's, Tane has battled her share of depression and anxiety in connection with the movement disorder. "You struggle with the disease. It's personal," she said. "You're not always up to seeing other people." She does feel, however, that she has made peace with her condition. "I call it the squatter in my apartment building. It's here to stay, and it's not going to leave," Tane said.

Though Parkinson's has impacted the way she lives her life, she refuses to give in to concerns as to how the movement disorder will progress. "My biggest fear is where my next idea is going to come from, as a creative person," Tane said. Instead of allowing Parkinson's to define her, she has chosen to define Parkinson's. In addition to participating in a study for a new medication and contributing financially to research efforts, she has designed a line of jewelry inspired by the tulip, the symbol for Parkinson's.

"I do feel very fortunate to still have the creative spirit," Tane said. ●

First published February 26, 2013, and reprinted with permission of The Telegraph, Nashua, NH. Teresa Santoski can be reached at (603) 594-6466 or tsantoski@nashuatelegraph.com. Original article with Staff Photos and a moving Video by Bob Hammerstrom available at <http://www.nashuatelegraph.com/living/lifestyles/994992-469/reworked-artistry.html>

Stepping Out: Accessible Trails at Crotoned Mountain Greenfield, NH



The Crotoned Mountain network of over 4 miles of gently sloping, fully accessible trails allows anyone to experience the natural world, enjoy the companionship of friends, or seek solitude in a place of extraordinary beauty. From a summit trail with views over three states, to a wetland bog, the Crotoned Mountain trails beckon hikers of all abilities.

AS THE LONGEST accessible trails in a mountainside environment in the United States, the Gregg and Dutton Brook trails combine unique hardpack pathways, boardwalks, moderate grades, switchbacks, and rest stops to create a natural, yet accessible, hiking experience for people of all abilities. These two very distinct trails are built to the exacting accessibility standards that will soon be released by the U.S. Forest Service. And the trails have been recognized by both *New Hampshire Magazine* and *Yankee Magazine* for Best Wheelchair-Accessible Trails in New Hampshire in 2013.

Gregg Trail

Named after Crotoned Mountain's founder, Harry Gregg, this trail climbs to a knoll with panoramic views. A series of switchbacks with grades of no more than eight percent take hikers from the trailhead parking lot to the top of The Knoll, a distance of eight-tenths of a mile, one way. The trail skirts extensive wild blueberry fields and crosses open grasslands, offering great vistas of Crotoned Mountain and wildlife viewing. Once at The Knoll, hikers are rewarded with an observation deck and panoramic views to the west, south and east of Grand Monadnock, many distant hills and the Contoocook River Valley.

Dutton Brook Trail

This woodland trail, featuring diverse forest and animal habitats, descends to a loop that winds around an abandoned beaver-built wetland. Boardwalks and observation decks offer hikers opportunities to observe and learn about our native flora and fauna. Interpretive signs familiarize visitors with the rich and complex natural beauty that abounds. Deer, moose, porcupine and many other upland species frequent this area that forms the headwaters for Dutton Brook. The wetlands are a sanctuary for many bird species. Round trip, the hike is about two miles.



Hiking Crotched Mountain Trails

Things to know before you go:

The amount of time needed to hike the entire trail and return to the trailhead varies with each hiker. You should allow at least 45 minutes to several hours depending on your ability and hiking speed.

Remember:

- Before you leave, inform someone of your itinerary and expected time of return
- For safety, it's a good idea to have a buddy hike with you especially if it's your first time
- Pets and animals are not permitted on the trails (service animals are allowed)
- There are no bicycles or motorized vehicles allowed on the trails (motorized and manual wheelchairs are allowed)
- No camping, open fires, glass, or smoking permitted on the trails
- Stay on the trails; stepping off the trails can lead to erosion and other trail damage
- Keep your distance from any wild animals you encounter
- Carry in, carry out

Hiking Checklist

- Trail map (available at trailhead)
- Weather-appropriate clothing
- Hiking shoes
- Water
- Charged cell phone
- Fully charged wheelchair battery
- Sunscreen
- Insect repellent

Trail Hours

Trails open 30 minutes after sunrise and close 30 minutes before sunset depending on trail conditions.

Trail Openings and Closures

These trails can be damaged if weather conditions such as excessive rain make them too soft. It may be necessary for Crotched Mountain to close the trails in these circumstances. For directions to the trails, and for trail opening and closure information, visit us at www.crotchedmountain.org/trails.

About the Trails

The trails opened in June of 2011, completing the first phase of an Outdoor Recreation Master Plan developed by Crotched Mountain in 2006. The planning and building of these remarkable trails was led by premier trail builder Peter Jensen of Peter Jensen and Associates, one of the country's leading designers and builders of accessible trails. With thirty years of experience, Peter is considered the most skilled and knowledgeable builder of universal access trails in the country. Funds for this \$500,000 project were raised through private donations and grants.

Planning Your Hike

The accessible trails are wilderness trails, making it important for hikers and their companions to be prepared. Bring a fully charged wheelchair battery, sunscreen, bug repellent and plenty of water. First time hikers should bring a hiking buddy.



Reprinted with permission from the Crotched Mountain Foundation. www.cmf.org, (603) 547-3311

PD Wellness Program Gives Support in Many Ways

Gay Palazzo, Lebanon, NH
(gpalazzo@myfairpoint.net)

Soon after being diagnosed with Parkinson's disease, you might hear about a support group for folks with PD.

You are also encouraged to begin an exercise program that can help to keep you limber. Additionally, at some point you might want to understand how you could benefit from the services of a physical therapist, occupational therapist, or speech therapist.

Now imagine one program that addresses all of these needs! At DHMC's PD Wellness Program you will learn total body exercises in addition to finding support and education. The program has its roots at Boston University's Center for Neurorehabilitation. Staff from DHMC's Department of Rehabilitation Medicine have trained at BU and have offered the program at the Aging Resource Center in Lebanon, NH since 2008.

I had heard about the program and enrolled. The group meets twice-a-week for 6 weeks. Prior to beginning the classes, each participant met with staff to assess where we are in terms of functional gait, walking distance, and quality of life. Dawna, a physical therapist, put me through several drills that are familiar to PDers. In addition, we took a fast walk through the halls to measure how far I can walk in 6 minutes. I then met with Greg, an occupational therapist who made me feel very comfortable immediately, even if he did ask the usual questions about what day it is, etc. (I actually couldn't quite recall the exact date, lately the days have run together!) I asked about the program's level of fitness and was told that each group has



its own personality, and the program is adapted to the group. Our group includes a mix of men and women, all middle aged and all pretty self-sufficient yet vulnerable to falling, stiffness and more. A couple of caregiving spouses also attend.

I am now a few weeks into the program. The class is led by Dawna, Greg and Maggie, a physical therapy assistant, assisted by Diane Church, Parkinson's Center Coordinator. With eight participants, a few spouses, and two instructors, we fill the room. The 90-minute class goes very quickly. We begin with stretching, much of which

can be done while in a chair. (This is good because you learn ways to stretch that you can use at home while watching TV.) We get moving with a series of strengthening exercises using a mat, weights, and exercise bands, and finish the classes with walking to music, focusing on taking large steps and swinging our arms to the beat of the music. No muscle is left unworked. Everyone in the class exercises at the level that is right for them and challenging as well.

At the first class, we were given a handbook with good visuals that shows many of the exercises that we were doing



in class. The exercises are fine-tuned to those with PD. Many of the exercises work the extensor muscles, which tend to tighten up in those with PD. There is extra work on strengthening the fingers, toes, shoulders, and the neck. Most in our class are pretty mobile and all support each other. When one of us almost toppled over but recovered balance, several uttered "Nice work!" and "Good recovery!" in support.

In addition to asking questions throughout the exercises, a portion of the class is reserved for discussion and related topics. For instance, a participant noted that he feels worse in the heat wave we were in the midst of and wondered if others felt it. Most of the responses come from the members themselves.

One class was devoted to Dr. Stephen Lee, a Movement Disorders Specialist in DHMC's Department of Neurology, who fielded questions about a variety of topics, including new treatments on the horizon, the possibility of one day using a pump to deliver medications, and how to get questions answered through the morass of a large institution.

So how do you find a program like this if you are not able to drive to Lebanon,

NH twice a week? Diane Church is an amazing source of information about programs throughout NH and VT. Also ask your doctor about how to proceed. If there is a support group in your community, someone might have knowledge of similar programs. Many area hospitals have a Resource Center where you can look to for information. Investigate what is offered at local gyms and ask the program director about introducing new programs geared to those with PD or just plain aging. Be prepared to try several different classes to find the one that best fits your needs and comfort level. Keep trying.

I am finding the wellness program to be a unique approach to help those of us with a disease that can rob us of so much. We all have this in common and we bond easily even though each of us is affected in different ways.

There is no better source of information than others who have similar challenges. The "been there, done that" adage is true. Talk with those around you and keep an open mind. Enjoy yourself as you try new things and meet new challenges. And please share your experiences. We need each other! ●

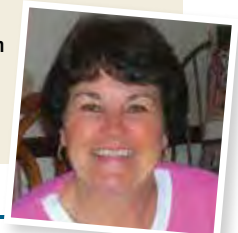
Memos from Maureen

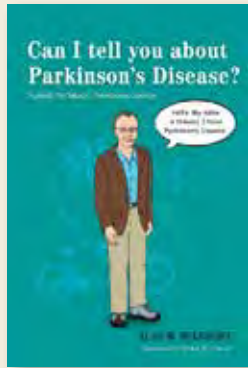
After the rainy, stifling summer, we are ready for a perfect autumn day for the APDA NH Chapter's Walk in the Park, September 21, 2013 at Greeley Park in Nashua, NH. If you can't get to Nashua, please walk in your town. Spread the news about the fundraiser that contributes 100% of profits to APDA-funded research. Please contact the NH Chapter for information and donation sheets.

I attended the APDA Leadership Conference in Nashville, TN in July. It was a wonderful educational experience. The speakers were passionate about their research and the information shared. Early diagnosis, exercise and PT, OT and SLP therapies were stressed. Round table discussions about the future directions of the APDA and the Chapters were at the forefront. The final afternoon was spent listening to new ideas about fundraising, branding the APDA logo and collaboration between chapters across the country.

Are you aware of what the APDA does for you? It helps to support the NH Information and Referral (I&R) Center at DHMC, produces and distributes free literature on a variety of topics, and promotes support groups. Tax-deductible memberships with the APDA NH Chapter (just \$20 per year) are a major source of support for the Chapter as we strive to make programs available and provide you with information about PD, research studies, and fundraisers to "ease your burden" and "find the cure" for PD. Please join the APDA NH Chapter and our volunteer efforts to support well-informed patients, caregivers and friends of those with PD.

Maureen M. Chamberlain
NH Chapter President,
APDA





Can I Tell You About Parkinson's Disease? A guide for family, friends and carers

Meet Nikolai - a man with Parkinson's disease. Nikolai invites readers to learn about Parkinson's from his perspective, helping them to understand how Parkinson's affects his daily life and why some tasks can be especially challenging for him. He also gives advice on how to help someone with Parkinson's when they have difficulties with physical movements and memory.

This illustrated book is full of useful information and will be an ideal introduction for children from the age of 7, as well as older readers. It will help family, friends and carers better understand and explain the condition, and will be an excellent starting point for group discussions.

Alan M. Hultquist
Illustrated by Lydia T. Corrow

(To receive 20% off the book, enter code DHMC13 when ordering through the website, jkp.com, or mention the code when you order at toll-free number 1-866-416-1078.)

ANNOUNCEMENTS & EVENTS

FROM THE APDA PARKINSON'S INFORMATION AND REFERRAL CENTER
AT DARTMOUTH-HITCHCOCK MEDICAL CENTER

SEP 18

Dance for PD® Class

WED, SEP 18, 11AM-12:30PM

**White River Ballet Academy,
White River Junction, VT | Free**

A stimulating, creative movement class for people with Parkinson's disease led by specially-trained dancers from the Mark Morris Dance Group. No experience necessary; appropriate for all levels of mobility. Care partners and medical professionals welcome. Visit hop.dartmouth.edu for details. Co-sponsored by the Hopkins Center for the Arts and The Parkinson's Center at Dartmouth-Hitchcock Medical Center. Sign up at Hop.Outreach@dartmouth.edu or call 603.646.3812.

Presented in conjunction with performances by ...

SEP 17-19

Mark Morris Dance Group

TUES, SEP 17, WED SEP 18

& THURS SEP 19, 7PM

**The Moore Theater, Hopkins
Center for the Arts.**

For information and tickets, visit: https://hop.dartmouth.edu/Online/mark_morris_dance_group

SEP 21

4th Annual Walk-in-the-Park for Parkinson's Research

SAT, SEP 21, REGISTRATION 10AM

WALK BEGINS 11AM

Greeley Park, Nashua, NH

Fundraiser: All proceeds are donated to APDA Parkinson's research programs. Contact: Maureen Chamberlain at (603) 434-6252 or email mchamberlain.apdanh@gmail.com

For information, please contact Diane L. Church at (603) 653-6672 or send email to Diane.L.Church@hitchcock.org or the contact noted for a specific announcement.

OCT 1-4

3rd World Parkinson Congress

TUES-FRI, OCT 1-4

Montréal, Québec, Canada

\$ (various registration fees)

www.worldpdcongress.org

OCT 4 - NOV 14

Fall 2013 Parkinson's Wellness Program (Six-week program)

MON & THURS, OCT 4-NOV 14,
10-11:30AM

DHMC, Lebanon, NH | \$149

Exercise, balance, gait training, and education program led by DHMC's Rehabilitation Medicine specialists 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.

OCT 19

Tool & Solutions to Ease Life with Parkinson's

SAT, OCT 19, 8:30AM-2:30PM

**Lake Opechee Conference
Center, Laconia, NH | \$20**

An event for people with Parkinson's, caregivers and the community, presentations by Therese Willkomm, PhD, ATP and Jesse Davis, BA. Registration includes continental breakfast and plated lunch. Space is limited. Pre-registration must be received by Oct 9 but seats may fill sooner.

Registration form available by mail and at <http://patients.dartmouth-hitchcock.org/parkinsons>

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 health care provider.



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. To make donations, please make checks payable as indicated and send to the address listed:

To support ...

American Parkinson Disease Association Information and Referral Center -
located at DHMC, serving New Hampshire and all others who contact us

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